

Cynthiana Democrat - January 24, 1929

ROSE—Robert A. Rose died on the Handy farm near Cynthiana Tuesday, Jan. 22, of pneumonia. He was son of William Hunter and Catherine Scott Rose and was born Dec. 20, 1851. His wife before marriage was Catherine Mullin. She survives with three sons and two daughters, William, Homer and Orie Rose, Miss Virgie Rose and Mrs. J. W. Doan. Sisters are Miss Georgie Rose and Mrs. Lillie Ritchie. The funeral will be held at the residence of his son, Orie, on the Handy farm this afternoon at 2:30 o'clock with services by Rev. I. S. Pineur. Burial in Jacksonville cemetery.

Rose, Robert A 1851 - 1929

Form V. S. 1-501-1-23-27  
**COMMONWEALTH OF KENTUCKY**  
 State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

County Edmonson File No. 1861  
 Registration District No. 670 Registered No. 13  
 Inc. Town \_\_\_\_\_ Primary Registration District No. 5583  
 City Oshtemo (If death occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2 FULL NAME Robert A. Rose  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. New long in U.S., if of foreign birth 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W.</u>	5 Single Married <u>Widowed</u> Widowed or Divorced (Write the word)	16 DATE OF DEATH Month <u>Jan</u> Day <u>22</u> Year <u>1929</u>	
6a If married, widowed, or divorced HUSBAND of <u>Catherine Muller Rose</u> (or) WIFE of _____			17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 19</u> , 1929, to <u>Jan 22</u> , 1929, that I last saw him alive on <u>Jan 21</u> , 1929, and that death occurred on the date stated above at <u>4</u> a.m. The CAUSE OF DEATH* was as follows: <u>Tuber Pneumonia</u>	
8 DATE OF BIRTH <u>Dec 20 1851</u> (Month) (Day) (Year)			Contributory (Secondary) <u>Influenza</u> (Duration) yrs. mos. ds. <u>3</u>	
7 AGE <u>77</u> yrs. <u>1</u> mos. <u>2</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			(Duration) yrs. mos. ds. <u>10</u>	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____	
9 BIRTHPLACE (city or town) <u>Hanson Co</u> (State or country) <u>Kentucky</u>			Did an operation precede death? <u>116</u> Date of _____	
PARENTS	10 NAME OF FATHER <u>William Hunter Rose</u>		Was there an autopsy? <u>no</u>	
	11 BIRTHPLACE OF FATHER (city or town) <u>Hanson Co</u> (State or country) <u>Ky</u>		What test confirmed diagnosis? <u>usual</u>	
	12 MAIDEN NAME OF MOTHER <u>Catherine Scott</u>		(Signed) <u>W.B. Menzies</u> , M. D. <u>1-22</u> , 1929. (Address) <u>Oshtemo</u>	
13 BIRTHPLACE OF MOTHER (city or town) <u>Hanson Co</u> (State or country) <u>Ky</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)	
14 (Informant) <u>Orl Rose</u> (Address) <u>Oshtemo Ky</u>			19 PLACE OF BURIAL OR REMOVAL <u>Jacksonville Tenn</u> DATE OF BURIAL <u>Jan 24 1929</u>	
15 Filed <u>Jan 23, 1929</u> <u>Geo. G. Pope</u> Registrar			UNDERTAKER <u>Smith-Reed Co</u> ADDRESS <u>Oshtemo</u>	