

Norman, Maud Ransdell 1875 - 1917

FORM V 8 1-3008 2-29-12

Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9406

1 PLACE OF DEATH
 County Rowan
 Vol. No. 2 Registration District No. 7492
 Inc. Town Farmers Primary Registration District No. 2506
 City _____ (No. _____ St., _____ Ward)

File No. _____
 Registered No. 3
(If death occurred in a hospital or institution, give file number instead of street and number.)

2 FULL NAME Maud Norman

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>March 12th 1917</u> <small>(Month) (Day) (Year)</small>	17 I HEREBY CERTIFY, That I attended deceased from <u>May 1st 1906</u> to <u>March 12th 1917</u> , that I last saw her alive on <u>Oct 20th 1917</u> , and that death occurred on the date stated above at <u>_____</u> The CAUSE OF DEATH was as follows: <u>Tuberculosis of the lungs</u> <small>(Duration) <u>11</u> yrs. <u>_____</u> mos. <u>_____</u> ds.</small>
6 DATE OF BIRTH <u>April 26, 1875</u> <small>(Month) (Day) (Year)</small>	7 AGE <u>41</u> yrs. <u>10</u> mos. <u>_____</u> ds. IF LESS than 1 day, hrs. or min.?	8 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>None</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death <u>_____</u> yrs. <u>_____</u> mos. <u>_____</u> ds. State <u>_____</u> yrs. <u>_____</u> mos. <u>_____</u> ds. Where was disease contracted, if not at place of death? <u>_____</u> Former or usual residence <u>_____</u>	
9 BIRTHPLACE (State or country) <u>Bowling Green, Ky.</u>			Contributory (SECONDARY) <u>_____</u> (Duration) <u>_____</u> yrs. <u>_____</u> mos. <u>_____</u> ds.	
10 NAME OF FATHER <u>Shelton Ransdell</u>			(Signed) <u>Allen W. McCreesh, M. D.</u> <u>March 12th 1917</u> (Address) <u>Farmers, Ky.</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Bowling Green, Ky.</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
12 MAIDEN NAME OF MOTHER <u>Susan McDowell</u>			19 PLACE OF BURIAL OR REMOVAL <u>James Cemetery</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Bowling Green, Ky.</u>			DATE OF BURIAL <u>3-13-17</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Lucie Norman</u> <u>Farmers, Ky.</u> (Address)			20 UNDERTAKER <u>McBride & Vaughan Salt Lick</u>	
15 FILED <u>3/13/17</u> <u>Maud Norman</u> REGISTRAR				

11-5194