

Ransdell, Avis Meral 1918 - 1919

Bourbon News – February 14, 1919

RANSDELL.

—Avis Merrill Ransdell, eleven-months-old son of Mr. and Mrs. Frank Ransdell, died at the home of his parents, near Centerville, Tuesday of pneumonia, preceded by an attack of influenza. The funeral took place Wednesday afternoon with services conducted at the grave in the Jacksonville Cemetery. The child is survived by his parents and two sisters.



Ransdell, Avis Meral 1918 - 1919

FORM V & 1 500M 2-29-12

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

8654

1 PLACE OF DEATH
County Bourbon
Vol. Pct. Centerville #1 Registration District No.
Ino. Town Primary Registration District No.
City (No. St.)

2 FULL NAME Avis Merial Ransdell

File No.
Registered No.

(If death occurred in a hospital or institution, give NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Single</u>	16 DATE OF DEATH <u>Feb. 11, 1919</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Feb 24, 1918</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb. 1st, 1919</u> , to <u>Feb. 10, 1919</u> , that I last saw him alive on <u>Feb. 10, 1919</u> , and that death occurred on the date stated above at <u>.....</u> am. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>	
7 AGE <u>X</u> yrs. <u>11</u> mos. <u>14</u> ds.		IF LESS than 1 day... hrs. or... min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed (or employer)				
9 BIRTHPLACE (State or country) <u>Ky.</u>				
PARENTS	10 NAME OF FATHER <u>Frank Ransdell</u>	Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.		
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>	(Signed) <u>H. C. Blount</u> , M. D. <u>Mar. 18, 1919</u> (Address) <u>Lebanon, Ky.</u>		
	12 MAIDEN NAME OF MOTHER <u>Queen Elliott</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL		
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Frank Ransdell</u> (Address) <u>P. O. 7, Paris, Ky.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Jacksonville, Ga.</u> DATE OF BURIAL <u>Feb. 12, 1919</u>	
15 Filed <u>March 19, 1919</u> <u>Matthie B. Current</u> REGISTRAR <u>Geo. W. Dairs</u> ADDRESS <u>Paris, Ky.</u>				

11-5184

Dr. Blount