

Ransdell, Claude 1882 - 1929



Form V. S. 1-50m-8-23-27
1 PLACE OF DEATH

County Fayette COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 8815
Registered No. 305

Vot. Pot. Registration District No. 5
Inc. Town Lexington Primary Registration District No. 465
City Lexington (No. St. Joseph's Hosp. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Claud Ransdell
(a) Residence. No. Jacksonville St. Ward. 5
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 Single Married
Married, Widowed or Divorced (Write the word)

6a Married, widowed, or divorced
HUSBAND of Ollie Florence Ransdell
(or) WIFE of Ollie Florence Ransdell

6 DATE OF BIRTH Jan. 25, 1881
(Month) (Day) (Year)

7 AGE 47 yrs. 1 mos. 24 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) Bourbon Co. - Ky.
(State or country)

PARENTS

10 NAME OF FATHER Shell Ransdell
11 BIRTHPLACE OF FATHER (city or town) Ky.
(State or country)
12 MAIDEN NAME OF MOTHER Lucan McDonald
13 BIRTHPLACE OF MOTHER (city or town) Ky.
(State or country)

14 (Informant) Mrs Ollie Ransdell
(Address) Paris Ky. R.F.D. 4

15 Filed 2/20, 1929 Registrar Geo. R. Davis

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 19, 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1929, to Mar. 19, 1929, that I last saw him alive on Mar. 19, 1929, and that death occurred on the date stated above at noon m.
The CAUSE OF DEATH was as follows:
Acute Peritonitis
(Duration) yrs. mos. ds. 2 ds.
Contributory (Secondary) Ruptured Duodenal ulcer.
(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. A. Stoeckinger, M. D.
Mar. 19 1929 (Address) Lexington Ky.
*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.)

19 PLACE OF BURIAL OR REMOVAL Jacksonville Ky. DATE OF BURIAL Mar 22, 1929
UNDERTAKER Geo. R. Davis ADDRESS Paris Ky.

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