

Rose, Billie Dean 1933 - 1933

3158

Form V. S. 1-11-50m-6-17-31

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

1. PLACE OF DEATH
County Bourbon
Vot. Pct. Jacksonville
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Billie Dean Rose
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Registration District No. 4190
Primary Registration District No. 77
File No. _____
Registered No. _____

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				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH <u>Jan 24, 1933</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY That I attended deceased from <u>Jan 24, 1933</u> to <u>Jan 24, 1933</u> I last saw him alive on <u>Jan 24, 1933</u> death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Premature Delivery</u>	
6. DATE OF BIRTH <u>Jan 24 1933</u>	7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or 30 _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ <u>Infant</u>		Date of onset	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				10. Total time (years) spent in this occupation _____	
10. Date deceased last worked at this occupation (month and year) _____				11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE <u>Bourbon Co. Ky.</u>				13. NAME <u>Ira Shelton Rose</u>	
14. BIRTHPLACE <u>Bourbon Co. Ky.</u>				15. MAIDEN NAME <u>Clara May Elliott</u>	
16. BIRTHPLACE <u>Bourbon Co. Ky.</u>				17. INFORMANT <u>Clara May Rose</u> (Address) <u>Paris Ky. P. # 5</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Buried</u> Place <u>Family Grave</u> Date <u>Jan 25 33</u>				19. UNDERTAKER <u>H. Annaly</u> (Address) _____	
20. FILED <u>Feb 10, 1933</u> <u>Mr. E. L. Men</u> Registrar				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____	
				24. Was disease or injury in any way related to occupation of deceased? _____ (Signed) <u>H. C. Stewart</u> , M. D. (Address) _____	