

Rose, Infant Daughter of Ira & Clara 1921 - 1921

Form V. S. 1-15m-6-19-19

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

File No. 2547  
Registered No. 7  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH  
County Bourbon  
Vol. Pct. Jacksonville  
Inc. Town  
City (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Still born

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 (Write the word)	16 DATE OF DEATH <u>Jan. 31, 1921</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Jan. 31, 1921</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, and that I last saw h_____ alive on _____, 192____, and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows:	
7 AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?			<u>not known</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer)			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Bourbon Co.</u>			10 NAME OF FATHER <u>Ira Shelton Rose</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>			11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>	
12 MAIDEN NAME OF MOTHER <u>Clara May Elliot</u>			12 MAIDEN NAME OF MOTHER <u>Clara May Elliot</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>			13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Clara May Rose</u> (Address) <u>Paris Ky. R# 7</u>				
15 Filed <u>3-9</u> , 1921, at <u>Paris, Ky.</u> Registrar			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ d. Where was disease contracted, if not at place of death? Former or usual residence _____	
			19 PLACE OF BURIAL OR REMOVAL <u>Bourbon Co.</u>	
			DATE OF BURIAL <u>Feb. 1, 1921</u>	
			20 UNDERTAKER <u>Family</u>	
			ADDRESS	

11-3184