

Rose, Infant Daughter of Ira & Clara 1931 - 1931

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

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

21104

County Bourbon File No. _____
 City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give the name instead of street and number)

1. PLACE OF DEATH
 County Bourbon Registration District No. 4190 Registered No. _____
 Precinct Jacksonville Primary Registration District No. 97
 Ins. Town _____ City _____

2. FULL NAME Not named

(a) Residence No. _____ St. _____ Ward _____
 (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					MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)			51. DATE OF DEATH <u>May 24, 1931</u>	
	<u>white</u>	<u>Single</u>			52. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____	
6. If married, widowed, or divorced (husband or wife of)					I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.	
7. DATE OF BIRTH <u>May 24 1931</u>					The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE	Years	Months	Days	If LESS than 1 day 2 hrs. or less min.	<u>Premature birth.</u>	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.					<u>159</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					Contributory causes of importance not related to principal cause:	
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>					Name of operation _____ Date of _____	
13. NAME <u>Mr. Shelton Rose</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE <u>Bourbon Co. Ky.</u>					53. If death was due to external causes (violence) fill in also the following:	
15. MAIDEN NAME <u>Clara May Rose</u>					Accident, suicide, or homicide? _____ date of injury _____ 19____	
16. BIRTHPLACE <u>Scott Co.</u>					Where did injury occur? _____ (Specify city or town, county, and State)	
17. INFORMANT <u>Ira Rose</u>					Specify whether injury occurred in industry, in home, or in public place.	
(Address) <u>Paris Ky. R. U. S.</u>					Manner of injury _____	
18. BURIAL, CREMATION, OR REMOVAL					Nature of injury _____	
Place <u>Family Burial</u> Date <u>May 25 1931</u>					54. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
19. UNDERTAKER <u>Family</u>					(Signed) <u>W. B. Stewart</u> , M. D.	
(Address) _____					(Address) <u>Cynthiana Ky 1931</u>	
20. FILED <u>Sept 14</u>					_____ Registrar	

DELAY