

Rose, Ira Clay 1928 - 1929

Form V, S. 1-50m-4-23-27
1 PLACE OF DEATH
 County Bourbon
 Vol. Centerville #1
 Inc. Town _____
 City _____ (No. _____ St. _____ Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

20602
 File No. _____
 Registered No. _____

Registration District No. 4191
 Primary Registration District No. _____

2 FULL NAME Ira Clay Rose

(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. Now 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 <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> or Divorced <input type="checkbox"/> (Write the word)	16 DATE OF DEATH <u>Aug. 25, 1929</u> (Month) (Day) (Year)		
8a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			17 I HEREBY CERTIFY, That I attended deceased from <u>Aug. 25, 1929</u> , to <u>Aug. 25, 1929</u> that I last saw him alive on <u>Aug. 25, 1929</u> and that death occurred on the date stated above at <u>8 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Acute Indigestion</u> <u>3 hours.</u> (Duration) yrs. mos. ds.		
6 DATE OF BIRTH <u>Apr. 11, 1928</u> (Month) (Day) (Year)			Contributory (Secondary) _____ (Duration) yrs. mos. ds.		
7 AGE <u>1 yrs. 4 mos. 14 ds.</u> IF LESS than 1 day ____ hrs. or ____ min?			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? <u>No.</u> Date of _____ Was there an autopsy? <u>No.</u> What test confirmed diagnosis? <u>✓</u> (Signed) <u>Elmer Swinson</u> , M. D. <u>8-26, 1929</u> (Address) <u>R. D. 7, Paris, Ky.</u>		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____			*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.)		
9 BIRTHPLACE (city or town) <u>Bo. Co. Ky.</u> (State or country)			19 PLACE OF BURIAL OR REMOVAL <u>Jacksonville, Ky.</u> DATE OF BURIAL <u>Aug. 27, 1929</u>		
PARENTS	10 NAME OF FATHER <u>Ira Clay Rose</u>		20 UNDERTAKER <u>Geo. R. Davis & Co.</u> ADDRESS <u>Paris, Ky.</u>		
	11 BIRTHPLACE OF FATHER (city or town) <u>Bo. Co. Ky.</u> (State or country)				
	12 MAIDEN NAME OF MOTHER <u>Chas. Elliott</u>				
	13 BIRTHPLACE OF MOTHER (city or town) <u>Bo. Co. Ky.</u> (State or country)				
14 (Informant) <u>Ira Clay Rose</u> (Address) <u>Paris, Ky.</u>			Filed <u>Aug 27, 1929</u> <u>Mrs. Elmer Swinson</u> Registrar		