

*Rose, Lula May Ransdell 1869 - 1916*



Lulu May Ransdell  
Photo posted at [www.ancestry.com](http://www.ancestry.com) by roseput for the Rose Family Tree

Rose, Lula May Ransdell 1869 - 1916

FORM V 2 1-9008 6-20-11

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH  
County **Courton**  
Vot. Precinct **Centerville**  
Inc. Town  
City (No. St. Ward)

CERTIFICATE OF DEATH  
Registration District No. **5180**  
Primary Registration District No.  
File No. **3905**  
Registered No.  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME **Lula Rose**

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PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**  
(Write the word)

6 DATE OF BIRTH **May 2nd 1879**  
(Month) (Day) (Year)

7 AGE **36 yrs. 9 mos. 1 ds.** IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work **At Home**  
(b) General nature of industry, business or establishment in which employed (or employer) **House Keeper**

9 BIRTHPLACE (State or country) **Ky**

PARENTS

10 NAME OF FATHER **Shelton Ransdell**

11 BIRTHPLACE OF FATHER (State or country) **Ky**

12 MAIDEN NAME OF MOTHER **Susan McDaniel**

13 BIRTHPLACE OF MOTHER (State or country) **Ky**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) **Wm. Rose**  
(Address) **R.F.D. # 7 Paris Ky.**

15 **Feb. 3, 1916** *Matthew B. [Signature]*  
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **1916 Feb. 3**  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Jan. 13, 1916**, to **Jan. 22, 1916**, that I last saw him alive on **Jan. 29, 1916**, and that death occurred on the date stated above at **9 a.m.** The CAUSE OF DEATH was as follows:  
**Pulmonary Tuberculosis**  
**No contributory cause**  
(Duration) **2** yrs. ... mos. ... ds.  
Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.  
(Signed) **Dr. Logan Gray, M.D.**  
**Feb. 2, 1916** (Address) **Paris Ky. R.F.D. # 7**

\*State the DISEASE CAUSING DEATH, or, in deaths from VOLUNTARY CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL **Jacksonville Cemetery** DATE OF BURIAL **Feb. 3rd 1916**

20 UNDERTAKER **Geo. W. Davis** ADDRESS **Paris Ky**

11-3184

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.