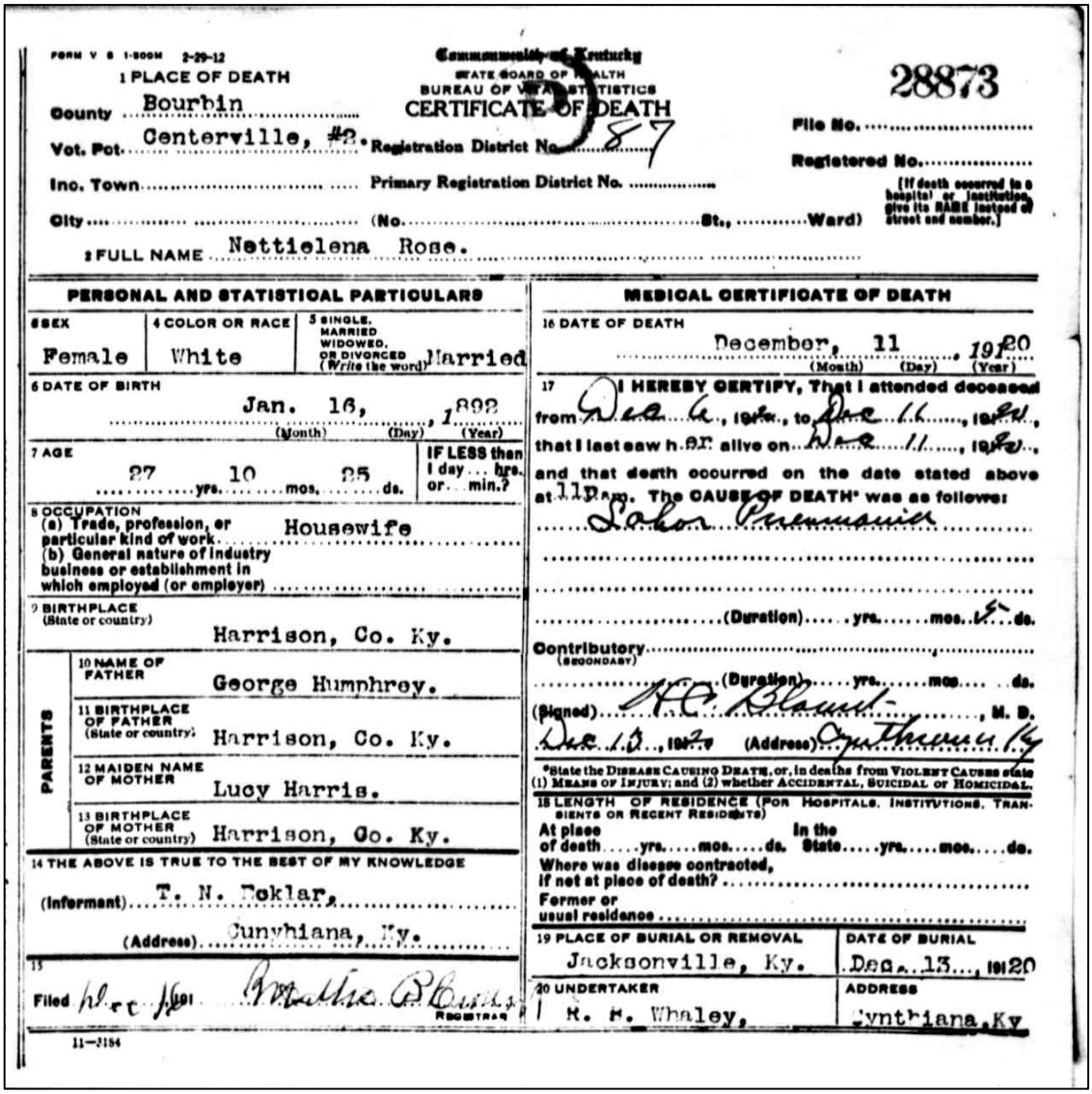

FORM V S 1-500M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28873

File No. .....
Registered No. .....

1 PLACE OF DEATH
County Bourbin
Vot. Pct. Centerville, #2. Registration District No. 87
Inc. Town ..... Primary Registration District No. .....
City ..... (No. ..... St., ... Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Nettielena Rose.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married
6 DATE OF BIRTH: Jan. 16, 1892 (Month) (Day) (Year)
7 AGE: 27 yrs. 10 mos. 25 ds. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry business or establishment in which employed (or employer): .....
9 BIRTHPLACE (State or country): Harrison, Co. Ky.

PARENTS
10 NAME OF FATHER: George Humphrey.
11 BIRTHPLACE OF FATHER (State or country): Harrison, Co. Ky.
12 MAIDEN NAME OF MOTHER: Lucy Harris.
13 BIRTHPLACE OF MOTHER (State or country): Harrison, Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. N. Boklar,
(Address) Cynthiana, Ky.

15 Filed Dec 13 1920 Martha A. Evans REGISTRAR

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December, 11, 1920 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1920, to Dec 16, 1920, that I last saw h.er alive on Dec 11, 1920, and that death occurred on the date stated above at 11 P.M. The CAUSE OF DEATH* was as follows:
Labor Pneumonia
.....
.....
.....(Duration) ... yrs. ... mos. 6 ds.
Contributory (SECONDARY) .....(Duration) ... yrs. ... mos. ... ds.
(Signed) H. C. Blaunt, M. D.
Dec 13, 1920 (Address) Cynthiana Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 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. In the 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, Ky. DATE OF BURIAL: Dec. 13, 1920
20 UNDERTAKER: R. H. Whaley, ADDRESS: Cynthiana, Ky