

WE WANT A LEAGUE, OFFENSIVE AND DEFENSIVE, WITH EVERY WELL-WISHER OF KENTUCKY AND HER PEOPLE.

State Department of Health of Kentucky

BUREAU OF VITAL STATISTICS

J. F. BLACKERBY, Director.

620 SOUTH THIRD STREET

LOUISVILLE, KENTUCKY.

TO WHOM IT MAY CONCERN:

I hereby certify that a birth certificate for

Roy Alvin Rose

was submitted on June 15, 1940 to the Bureau of Vital Statistics of the State Department of Health of Kentucky for custody as a permanent record, and that said birth certificate shows the following facts:

Name of Child ROY ALVIN ROSE
Place of Birth Paris, Bourbon County, Kentucky
Date of Birth April 14, 1895 Sex Male Color White
Name of Father William Shelton Rose Nativity Harrison Co., Ky.
Name of Mother Ida Ransdall Nativity Bourbon Co., Ky.

The above facts are supported by the affidavits of

Wm. S. Rose Relation Father
Patrick J. Ryan Relation None

(Signed) J. F. Blackerby State Registrar.

Subscribed and sworn to before me this the 3rd day of July nineteen hundred forty.

Nettie Ferguson
Notary Public, Jefferson County, Ky.

My commission expires September 2, 1941.

Rose, Roy Alvin 1895 - 1978

STATE OF KENTUCKY.
SCT.
COUNTY OF BOURBON.

I, Ed D. Paton, Clerk Bourbon County Court, Kentucky,
certify that Roy Rose and Myrtie Christopher
were married in Bourbon County, Kentucky, on the 21 day of
August 1916, by C.A. McMillan
in the presence of J.R. Christopher and Clarence Rose
as shown by the record in my said office in Marriage Book No. 4
page 253.

Given under my hand this 18 day of May 1943

Ed D. Paton

Clerk Bourbon County Court, Ky.
By -----D.C.



Rose, Roy Alvin 1895 - 1978

ORIGINAL STATE COPY		STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION CERTIFICATE OF DEATH		DEATH NO. 247 PAGE 342 D 102	
NAME OF DECEASED 1 Roy Alvin Rose		SEX 2 male		DATE OF DEATH 3 August 4 1978	
RACE (e.g. white, black, American Indian, etc.) 4A white		WAS DECEDENT OF SPANISH ORIGIN (YES, NO) SPECIFY: 4B no		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C	
PLACE OF DEATH 6 Maricopa		C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) 7 Phoenix Arizona State Hospital		D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input checked="" type="checkbox"/> IN PATIENT	
DATE OF BIRTH 8 April 14 1895		AGE (YEARS, MONTHS, DAYS) 9A 83		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10 married	
STATE OF (If not in USA, name country) 11 Kentucky		CITIZEN OF WHAT COUNTRY? 12 U.S.A.		SOCIAL SECURITY NO. 13 363-16-0093	
USUAL RESIDENCE 14 Arizona		C. TOWN OR CITY 15 Phoenix		D. ZIP CODE 16 Mesa 85201	
STREET ADDRESS OR R.F.D. 17 715 N. Country Club Drive		INSIDE CITY LIMITS? (Specify yes or no) 18 yes		ON RESERVATION? (Specify yes or no) 19 no	
FATHER'S NAME 20 William Alvin Rose		MOTHER'S MAIDEN NAME 21 Ida Mae Randall		PREVIOUS STATE OF RESIDENCE 22 Kentucky	
INFORMANT'S SIGNATURE 23 <i>Lincoln H. Westman</i>		RELATIONSHIP TO DECEASED 24 MRC		ADDRESS 25 2500 E. Van Buren, Phoenix, Arizona 85008	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 26 burial		DATE 27 8/17/78		CEMETERY OR CREMATORY - NAME 28 Memory Lawn Memorial Park, Phx., AZ	
FUNERAL HOME 29 Memory Lawn Mortuary, 719 N. 27th Avenue, Phoenix, AZ		NAME 30 Willie Westman		CITY AND STATE 31 Phoenix, AZ	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: 32 <i>Lincoln H. Westman M.D.</i>		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) 33 <i>Willie Westman</i>		SIGNATURE AND TITLE 34 Alfred Nelson, M.D.	
DATE SIGNED (Mo., Day, Year) 35 8/4/78		HOUR OF DEATH 36 5:30am		PRONOUNCED DEAD (Mo., Day, Year) 37	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 38 Alfred Nelson, M.D.		PRONOUNCED DEAD (Hour) 39 AT		ON 40	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN OR MEDICAL EXAMINER (Type or print) 41 Lincoln H. Westman, M.D., 2500 E. Van Buren, Phoenix, Arizona 85008		DATE REGISTERED 42 9 1978		REG. FILE NO. 43 6804	
DATE REGISTERED 44 SEP 14 1978		REG. DISTRICT 45 0703		DATE MOVED IN STATE OFFICE 46	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE UNDERLYING CAUSE 47 cardiac arrhythmia		A. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE ON EACH LINE) 48 cardiac arrhythmia		B. DUE TO, OR AS A CONSEQUENCE OF: 49 coronary ischemic disease	
C. DUE TO, OR AS A CONSEQUENCE OF: 50 coronary sclerosis		PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If adult female - was she pregnant within past 90 days?) 51 senile dementia, malnutrition		AUTOPSY (Specify yes or no) 52 no	
MANNER OF DEATH 53 ACCIDENT		DATE OF INJURY 54 52 M 53		INJURY AT WORK? (Specify yes or no) 55	
PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) SPECIFY: 56		WHERE LOCATED? 57		STREET ADDRESS 58	
CITY OR TOWN 59		STATE 60 STATE OF MICH. MASON COUNTY		RECORDED 13th DAY OF 61 OCT. A. D. 1978	
SUPPLEMENTARY ENTRIES 62		DATE ISSUED 63 OCTOBER 4 1978		REGISTER OF DEEDS 64	

CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, AZ.

Issued under the authority of A.R.S. 36-341, and by direction of:

SUZANNE DANDROY, M.D., M.P.H., Director
Department of Health Services
State Registrar

ALFONSO BRAVO
Assistant State Registrar

This copy not valid unless prepared on safety paper displaying state seal in color and impressed with raised seal of issuing agency.