

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4885

1 PLACE OF DEATH
County *Martin*
Vol. Pat. *South Carrollton* Registration District No. *7121*
Ino. Town *Moorman* Primary Registration District No.
City (No. St., Ward)
2 FULL NAME *Rubie Allen*

File No.
Registered No. *8*
(If death occurred in a hospital or institution, give its NAME (instead of street and number).)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED, WIDOWED OR DIVORCED <i>married</i> (Write the word)
6 DATE OF BIRTH <i>January 27, 1891</i> (Month) (Day) (Year)		
7 AGE <i>21</i> yrs. <i>0</i> mos. <i>24</i> ds.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>Housekeeper</i> (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <i>Kentucky</i>		
PARENTS	10 NAME OF FATHER <i>Clark Dglehart</i>	
	11 BIRTHPLACE OF FATHER (State or country) <i>Kentucky</i>	
	12 MAIDEN NAME OF MOTHER <i>Annie L Withrow</i>	
	13 BIRTHPLACE OF MOTHER (State or country) <i>Ky</i>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Feb 20, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 20, 1922*, to *Feb 20, 1922*, that I last saw him alive on *Feb 20, 1922*, and that death occurred on the date stated above at *6:40* pm. The CAUSE OF DEATH* was as follows:
Toxic Alcohol Poisoning
Probably Suicide
(Duration) ... yrs. ... mos. *1* ds.

Contributory (SECONDARY)
(Duration) ... yrs. ... mos. ... ds.

(Signed) *Oscar V. Benson, M. D.*
Feb 21, 1922 (Address) *Island 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
Equality
DATE OF BURIAL
Feb 23, 1922

20 UNDERTAKER
Marion Moor
ADDRESS
Central City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Clark Dglehart*
(Address) *Moorman Ky*

15 Filed *Feb 27, 1922* *A. H. H. H.*
REGISTRAR

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD
M. D.—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.

MARGIN RESERVED FOR ENDING