

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

1 PLACE OF DEATH

County Muhlenberg

Vol. No. 1017 Registration District No. 1017

Inc. Town..... Primary Registration District No. 1017

City..... (No.) St., Ward)

File No.

Registered No. 114

[If death occurred in a hospital or institution, give its NAME (instead of street and number.)

2 FULL NAME Lura Rogger

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX 7 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

16 DATE OF DEATH 9 12 1922
(Month) (Day) (Year)

6 DATE OF BIRTH June 22 1867
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 2-10, 1922, to 9-12, 1922, that I last saw him alive on 9-12, 1922, and that death occurred on the date stated above at 2 P.M. The CAUSE OF DEATH* was as follows:

7 AGE 63 yrs. 7 mos. 22 ds. IF LESS than 1 day... hrs. or... min.?

leucemia of the uterus

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)

Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) W. C. ..., M. D. 9-12, 1922 (Address) Rochester

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Thos C Rogger

11 BIRTHPLACE OF FATHER (State or country) Greenville Ky

12 MAIDEN NAME OF MOTHER Delilah Mathis

13 BIRTHPLACE OF MOTHER (State or country) Greenville Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) WEAPONS 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Virgil Sherron (Address) Rochester Ky

19 PLACE OF BURIAL OR REMOVAL Rochester County DATE OF BURIAL 9-19 1922

15 File # 15-1022 G. D. F. ... REGISTRAR

20 UNDERTAKER H. F. Wood ADDRESS Rochester

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.