

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

File No. **11024**

1 PLACE OF DEATH
County **MUHLENBERG**
Vol. Fol. **Rosewood**
2nd Town **CISNEY, KY.**
City _____ (No. _____ St. _____ Ward _____)

5129

Registered No. **7129**

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

3 FULL NAME **ROBERTA ADEAN CRAIG**

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female	1 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6 DATE OF BIRTH August 12, 1863 (Month) (Day) (Year)		
7 AGE 48 yrs. 8 mos. 8 ds.		11 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) KENTUCKY	
PARENTS	10 NAME OF FATHER Wm. Riley Wood.
	11 BIRTHPLACE OF FATHER (State or country) Ky.
	12 MAIDEN NAME OF MOTHER Lucy Lett.
	13 BIRTHPLACE OF MOTHER (State or country) Virginia.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Robert Craig**
(Address) **Cisney, Ky.**

15
Filed **Apr. 20, 1912** **H. W. Williams**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 20, 1912 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1912 , to April 20, 1912 , that I last saw her alive on April 20, 1912 , and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH* was as follows: OVARIAN CYST. (Duration) _____ yrs. 6 mos. _____ ds. Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) H. H. Newman , M. D. April 20, 1912 (Address) DRAKESBORO, 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 EBENEZER	DATE OF BURIAL APRIL 21, 1912
20 UNDERTAKER H. W. WILLIAMS	ADDRESS CISNEY, KY.

B. B.—Every item of information should be carefully verified. 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.