

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Madison

File No. 6821

Vot. Pct. _____ Registration District No. 961

Registered No. 9

Inc. Town _____ Primary Registration District No. 6008

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

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

2 FULL NAME Ruth Anne Graves

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH June 7, 1929
(Month) (Day) (Year)

7 AGE 67 yrs. 9 mos. 7 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co., Ky.

PARENTS

10 NAME OF FATHER Daniel Hill

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co., Ky.

12 MAIDEN NAME OF MOTHER Louisa Hill

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co., Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse J. Graves
(Address) Bremen, Ky.

15 Filed 4-8, 1927 A. M. O. H. J.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7-13-27
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to 7-13-27, 1927, that I last saw him alive on 7-13-27, 1927, and that death occurred on the date stated above at his m.
The CAUSE OF DEATH* was as follows:
Nephritis

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ M. D.
(Address) _____, 1927

*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 DATE OF BURIAL

J. B. T. T. T.
20 UNDERTAKER ADDRESS
Bremen

WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD

2. 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.