

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

1 PLACE OF DEATH
County *Martinsburg*
Vol. No. *15* Registration District No. *7135*
Inc. Town *Chatham* Primary Registration District No.
City (No) St., Ward)

File No. **2567**
Registered No. **89**

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

2 FULL NAME *Ruth Harris*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Single*
6 DATE OF BIRTH *April 1, 1899*
7 AGE *18 yrs. 9 mos. 15 ds.* IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. *Housekeeper*
(b) General nature of industry business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) *Ky.*

10 NAME OF FATHER *James Harris*
11 BIRTHPLACE OF FATHER (State or country) *Ky.*
12 MAIDEN NAME OF MOTHER *Kate Donnell*
13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *James Harris*
(Address) *Chatham Ky*

15 Filed *Jan 19, 1913* *W. H. Moore* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 15, 1913*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 10, 1912*, to *Jan 15, 1913*, that I last saw h. alive on *Jan 15, 1913*, and that death occurred on the date stated above at *11:30 a.m.* The CAUSE OF DEATH* was as follows:

Consumption
(Duration) yrs. *3* mos. *10* ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) *L. J. Muller*, M. D.
Jan 19, 1913 (Address) *Chatham 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. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Rest Home Care* DATE OF BURIAL *1-19, 1913*

20 UNDERTAKER *J. L. Thomas* ADDRESS *Chatham Ky*

WRITE PLAINLY, WITH SUFFICIENT SPACE--THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. All names 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.