

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

1 PLACE OF DEATH

County Muhlenberg

Vol. W. Rogers

Inc. Town.....

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

Registration District No. 871

Primary Registration District No. 7133

File No. 2560
Registered No. 6

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

3 FULL NAME Rosie Lovell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Female
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

16 DATE OF DEATH Jan 19 1913
(Month) (Day) (Year)

6 DATE OF BIRTH Jan 23 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1913, to Jan 19, 1913, that I last saw her alive on Jan 19, 1913,

7 AGE 1 yrs. 11 mos. 26 ds.
IF LESS than 1 day... hrs. or... min.?

and that death occurred on the date stated above at 12:15 P.M. The CAUSE OF DEATH* was as follows:

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)

Pneumonia

9 BIRTHPLACE (State or country) Muhlenberg County Ky

(Duration)..... yrs..... mos. 5 ds.

10 NAME OF FATHER Arthur Lovell

Contributory Whooping Cough
(SECONDARY)

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg County Ky

(Duration)..... yrs..... mos. ds.
(Signed) L. P. Moore, M. D.

12 MAIDEN NAME OF MOTHER Fannie Craig

Jan 29 1913 (Address) Greenville

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

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur Lovell

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death..... yrs..... mos..... ds. in the State..... yrs..... mos..... ds.

(Address) Greenville Ky

Where was disease contracted, if not at place of death? Former or usual residence

15 Filed Jan 20 1913 V. H. Franklin REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Greenview Greenville Ky DATE OF BURIAL Jan 20 1913

20 UNDERTAKER McDonald & DeWitt Greenville Ky ADDRESS

B. B.—Every item of information should be carefully checked. All deaths must be reported to the Registrar. The cause of death should be given in plain terms, so that it may be properly classified. The classification of the cause of death is very important. See instructions on back of certificate.