

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

15928

1 PLACE OF DEATH
County Muhlenberg
Vot. Pot. W. B. Boggess Registration District No. 871
Inc. Town Primary Registration District No. 7157
City (No. St., Ward)
2 FULL NAME Nellie J. Rudolph

File No.
Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
6 DATE OF BIRTH <u>Nov 14 1873</u> (Month) (Day) (Year)		
7 AGE <u>47</u> yrs. <u>7</u> mos. <u>17</u> ds.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>at home</u> (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Muhlenberg Co. Ky</u>		
PARENTS	10 NAME OF FATHER <u>John M. Rudolph</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co. Ky</u>	
	12 MAIDEN NAME OF MOTHER <u>Katherine W. Rudolph</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muh. Co. Ky</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
July 1, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 15, 1921, to July 2, 1921, that I last saw her alive on July 20, 1921, and that death occurred on the date stated above at 348 1/2 in. THE CAUSE OF DEATH* was as follows:
Spindle of bone in ~~head~~ Bronchitis

(Duration) yrs. 3 mos. ds.
Contributory (SECONDARY) Siberian Chumma
(Duration) yrs. mos. 2 ds.
(Signed) D. W. Engel M. D.
July 2, 1921 (Address) F. G. W. M. P. Ky

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES state 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) V. B. Southard
(Address) Highway 14

15 Thos. B. Blevins REGISTRAR
medall

19 PLACE OF BURIAL OR REMOVAL
De Poy B. G. DATE OF BURIAL
July 2, 1921

20 UNDERTAKER
McDonald & Smith ADDRESS
Greenville Ky

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

N. B.—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.