

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

1 PLACE OF DEATH

County Muhlenberg

Vol. Court House

Inc. Town

City

2 FULL NAME

Ruth Esther Newman

File No. 24655

Registered No. 876

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

Registration District No. 871

Primary Registration District No. 7130

(No. St. Ward)

**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 May 29, 1908  
(Month) (Day) (Year)

7 AGE 6 yrs. 6 mos. 0 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) None

9 BIRTHPLACE (State or country) Muhlenberg County

PARENTS

10 NAME OF FATHER Ernest Newman

11 BIRTHPLACE OF FATHER (State or country) Muh. Co.

12 MAIDEN NAME OF MOTHER Lucie Everts

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herbert Newman

(Address) Greenville, Ky.

15 Filed 11/30, 1914 W.S. Graunlich REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Nov 29, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from ..... 191....., to ..... 191....., that I last saw h..... alive on..... 191....., and that death occurred on the date stated above at 11 P.M. The CAUSE OF DEATH\* was as follows:

Diphtheria from Glau-  
ration made after death  
never seen patient until  
after death (Duration)..... yrs..... mos. 15 ds.

Contributory (SECONDARY).....

(Signed) J.P. Stator M.D. (Address) Greenville, Ky.

11/30, 1914 (Address) Greenville, 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 Pleasant Hill DATE OF BURIAL 11/30, 1914

20 UNDERTAKER Oren L. Roark ADDRESS Greenville, Ky.

WRITE PLAINLY IN 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.