

Commonwealth of Kentucky

STATE BOARD OF HEALTH,

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. No. North Baggett Registration District No. 8-71File No. 13577Inc. Town..... Primary Registration Dist. No. 7137Registered No. 44

City..... (No..... St.;..... Ward)

3 FULL NAME Ruth Petty

(If death occurred in a hospital or institution give the NAME and number of ward and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH May 19, 1912
(Month) (Day) (Year)7 AGE still born 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 Co10 NAME OF FATHER Robt. Petty11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Ruth Mass13 BIRTHPLACE OF MOTHER (State or country) Illinois

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jess Baker(Address) Logansport, Ky15 Filed May 19, 1912 W. H. Braulien
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 19, 1912
(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..... m.

The CAUSE OF DEATH* was as follows:

Still Birth
(Duration)..... yrs..... mos..... ds.

Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds.

(Signed) C. B. Martin, M. D.
May 14, 1912 (Address) Greenville

*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 Greenville DATE OF BURIAL May 19, 191220 UNDERTAKER M. B. McDonald ADDRESS Greenville

U. S. - Every item of information on this certificate supplied. AGE should be stated in FULLY. PHYSICIAN 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.

WRITE PLAINLY, WITH CORRECTED SPELLING IN A PLAIN HAND.