

Form V. S. 2-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File no. _____

1. PLACE OF DEATH

County MuhlenbergVot. Prec. Wespy

Ino. Town _____

Registration District No. 1093Primary Registration District No. 6836Registered No. 48City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Ruby Louise Row IF VETERAN, WHAT WAR? _____(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH 30 May7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Muhlenberg13. NAME John Hoyle14. BIRTHPLACE Muhlenberg15. MAIDEN NAME Lucy Stubbell16. BIRTHPLACE Muhlenberg17. INFORMANT Mrs. Jane H. H. H.(Address) Greenville Ky

18. BURIAL, CREMATION, OR REMOVAL

Place at Home Date 4-1, 193819. UNDERTAKER Wespy(Address) Greenville Ky20. FILED 6-2 38 R. R. G. G.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 1, 193822. I HEREBY CERTIFY, That I attended deceased from May 10, 1937 to June 1, 1938I last saw her alive on May 10, 1938. Death is said to have occurred on the date stated above, at 3:45 A.M. The principal cause of death and related causes of importance in order of onset were as follows:Carcinoma of Cervix Date of onset _____

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) B. G. Gargabite M. D.(Address) Greenville, Ky.

MARGIN RESERVED FOR BINDING

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

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