

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No.

Registered No.

PLACE OF DEATH  
County Muhlenberg  
Vot. Pct. Paradise  
Inc. TownRegistration District No. 1085Primary Registration District No. 75dCity (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Bonnie Rhoades(a) Residence, No. Paradise (Rural) Ward \_\_\_\_\_  
(Usual place of abode) (If a resident, give city or town and State)Length of residence in city or town where death occurred 2 yrs. - mos. - ds. Home in \_\_\_\_\_ of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed  
or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Single6. DATE OF BIRTH Aug. 7 18807. AGE Years Months Days IF LESS than  
59 11 9 1 day.....hrs.  
or.....min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Nurse in Foreman9. Industry or business in which  
work was done, as silk  
sawmill, bank, etc. In feeble minded institution10. Date deceased last worked at  
this occupation (month and  
year) 1936 11. Total time (years)  
spent in this  
occupation 8 1/212. BIRTHPLACE Paradise Ky.13. NAME David King Rhoades14. BIRTHPLACE Paradise Ky.15. MAIDEN NAME Amelia Moore16. BIRTHPLACE Muhlenberg Co, Ky.17. INFORMANT Jucian Johns(Address) Drakesboro, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Sherris Date 7-17, 194019. UNDERTAKER J. B. Kimmel(Address) Drakesboro Ky.20. FILED 7-17, 1940 James Carter

Registrar.

21. DATE OF DEATH July 16, 194022. I HEREBY CERTIFY, That I attended deceased from  
Mar 15, 1940 to July 16, 1940I last saw her alive on July 16, 1940 death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:Chronic Arthritis 4 yrs  
2 Ankylosis of finger joints 2 yrs  
Dementia Praecox 3 yrs  
Contributory causes of importance not related to  
principal cause:Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? no23. If death was due to external causes (violence) fill in also the  
following:Accident, suicide, or homicide? None date of injury None 1940Where 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 NoneNature of injury None

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

deceased? no If so, specify none let 70(Signed) J. H. Neuman(Address) Drakesboro, Ky.