

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 19196
Registered No. 3

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

1 PLACE OF DEATH
County Martinburg
Vol. No. Residing Registration District No. 1059
Inc. Town..... Primary Registration District No. 6823
City..... (No. 2 St., Ward)

2 FULL NAME David Wing Rhoads

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced
(Write the word)
6 DATE OF BIRTH July 20 1924
(Month) (Day) (Year)
7 AGE 17 yrs. — mos. 11 ds.
IF LESS than 1 day..... hrs. or..... min?
8 OCCUPATION
(a) Trade, profession or particular kind of work..... Farmer
(b) General nature of industry, business or establishment in which employed (or employer).....

16 DATE OF DEATH July 2, 1924
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from July 28, 1924, to July 28, 1924, that I last saw him alive on July 28, 1924, and that death occurred on the date stated above at 11 a.m.
The CAUSE OF DEATH* was as follows:

Tuberculosis
(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) C. D. Brown, M. D.
8/9/24 (Address) Central Ky

9 BIRTHPLACE (State or county) Ky
10 NAME OF FATHER Bernard Rhoads
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Mary God
13 BIRTHPLACE OF MOTHER (State or country) Ky

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place 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) Ed Rhoads
(Address) Perkins Ky

19 PLACE OF BURIAL OR REMOVAL Seares Cemetery DATE OF BURIAL Aug 11, 1924
20 UNDERTAKER Moore and Co ADDRESS Central City

15 Filed Aug 21, 1924 Laura C. Brown
Registrar

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.

MADE BY THE BUREAU OF VITAL STATISTICS