

Commonwealth of Kentucky
STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5966

1 PLACE OF DEATH

County MuhlenbergVot. Pot. No. 6Ino. Town ParadiseCity ParadiseRegistration District No. 1089Primary Registration District No. 6823(No. 6823 St., Paradise Ward)

2 FULL NAME

Mrs Ella Rhoads

File No.

Registered No. 1

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married6 DATE OF BIRTH April 10, 1857
(Month) (Day) (Year)7 AGE 65 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER Wm. H. Ellison11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Elizabeth Roll13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. E. Rhoads(Address) Drakesboro15 Filed Feb. 14, 1923 W. S. Cundiff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 4, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1922 to Jan 4, 1923, that I last saw her alive on Jan 1, 1923, and that death occurred on the date stated above at 11 P.M. The CAUSE OF DEATH* was as follows:Uremic Poisoning
(Kidney)Contributory (SECONDARY) Fractured hip
(Duration) yrs. mos. 10 ds.
(Duration) yrs. mos. ds. 4 mos. ds.(Signed) H. Newman, M. D.
Jan 5, 1923 (Address) Drakesboro, 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. State yrs. mos. ds. In the
Where was disease contracted, if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Sears Cemetery DATE OF BURIAL Feb 1, 192320 UNDERTAKER Moore Lumber Co ADDRESS Central City

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

B. E.—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.

ORIGINAL KEPT FOR RECORDING