

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

4592

1 PLACE OF DEATH  
 County Madison

File No. ....

Vol. No. 1088 Registration District No. ....

Registered No. 8

Inc. Town Drakesboro Primary Registration District No. 6821

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

City ..... (No. .... St., ..... Ward)

2 FULL NAME Jefferson F. Rhoads

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3 SEX male 4 COLOR OR RACE white 5 Single Married married Widowed or Divorced (Write the word)

6 DATE OF DEATH Jan 17 1924  
 (Month) (Day) (Year)

6 DATE OF BIRTH Oct 25 1924  
 (Month) (Day) (Year)

7 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1924, to Jan 17, 1924, that I last saw him alive on Jan 17, 1924, and that death occurred on the date stated above at 6 P.M.

7 AGE 26 yrs. 2 mos. 23 ds. IF LESS than 1 day hrs. or min?

The CAUSE OF DEATH was as follows:  
acute nephritis

8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer)

(Duration) yrs. mos. ds.

9 BIRTHPLACE (State or country) Drakesboro Ky

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

PARENTS

10 NAME OF FATHER L. B. Rhoads  
 11 BIRTHPLACE OF FATHER (State or country) Drakesboro Ky  
 12 MAIDEN NAME OF MOTHER Lora Hicker  
 13 BIRTHPLACE OF MOTHER (State or country) Livermore

(Signed) J. D. Lunsford, M. D. Feb 9, 1924. (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.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

(Informant) L. B. Rhoads  
 (Address) Drakesboro Ky

at place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,

If not at place of death? Former or usual residence

15 Filed 2-11, 1924 J. Kinnel Registrar

19 PLACE OF BURIAL OR REMOVAL Cheney Drakesboro Ky DATE OF BURIAL 1-18 1924

20 UNDERTAKER J. Kinnel ADDRESS Drakesboro Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 D. 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.  
 very important. See instructions on back of certificate.