

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

File No. **19465**

1 PLACE OF DEATH
County *Muhlenberg*
Vol. *Greenville Ky*
Inc. Town *Greenville*
City (No. St., Ward)

Registration District No. *13 77*
Primary Registration District No. *24 34*

Registered No.
(If death occurred in a hospital or institution, give its name, location of street and number.)

2 FULL NAME *Peter Rhodes*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *Black* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

6 DATE OF BIRTH 1
(Month) (Day) (Year)

7 AGE *about not knowing* IF LESS than 1 day ... hrs. or ... min?
... yrs. ... mos. ... ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work *Far ming in part*
(b) General nature of industry, business or establishment in which employed (or employer) *Factory work in part*

9 BIRTHPLACE (State or country) *Kentucky*

PARENTS

10 NAME OF FATHER *Esac Rhodes*

11 BIRTHPLACE OF FATHER (State or country) *Kentucky*

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Leardie Rhodes*
(Address) *Greenville Ky*

15 Filed *Apr 1 1919* Registrar *W. H. Middle*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 30 1919*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended *deceased* from 191*8*, to *May 27*, 191*9*, that I last saw him alive on 191*9*, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

Old age with Rheumatism

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

(Signed) *H. E. Grace*, M. D.
June 1 1919 (Address) *Greenville 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.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *West End Cg* DATE OF BURIAL *6-1 1919*

20 UNDERTAKER *W. H. George* ADDRESS *Greenville*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.