

Commonwealth of Kentucky
STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7672

PLACE OF DEATH

County *Muhlenberg*

Vot. Prec. *9*

Ino. Town *Rosewood*

City

(No. _____)

St. _____

Ward _____

File No. _____

Registered No. *7129*

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

FULL NAME *Laura Ratham Shipworth*

PERSONAL AND STATISTICAL PARTICULARS

1 SEX _____ 2 COLOR OR RACE *White* 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow* (Write the word)

6 DATE OF BIRTH *Jan 24, 1871*
(Month) (Day) (Year)

7 AGE *48* yrs. *1* mos. *17* ds. If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Ky.*

PARENTS
10 NAME OF FATHER *Fred Ratham*
11 BIRTHPLACE OF FATHER (State or country) *North Carolina*
12 MAIDEN NAME OF MOTHER *Lacey Slaughter*
13 BIRTHPLACE OF MOTHER (State or country) *North Carolina*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Nelson Shipworth*
(Address) *Rosewood, Ky.*

15 Filed *4*, 191*9*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 8, 1919*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 7, 1919*, to *Feb 8, 1919*, that I last saw her alive on *Feb 8, 1919*, and that death occurred, on the date stated above, at *7 P.M.*

The CAUSE OF DEATH* was as follows:

Spanish "Flu"

(Duration) yrs. mos. ds.

Contributory SECONDARY (Duration) yrs. mos. ds.

(Signed) *E. M. Bewley*, M. D. *Feb 8, 1919* (Address) *Pennsod, 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. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL *Shipworth Burying* DATE OF BURIAL *1919*

20 UNDERTAKER *W. J. ...* ADDRESS _____

E. B.—Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Extra statement of OCCUPATION is very important. See instructions on back of certificate.