

7546

Form V. S. 2-200m-6-19-19

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

1 PLACE OF DEATH

County Muhlenberg File No. ....  
Vol. Pct. Rosewood Registration District No. 1093 1091 Registered No. ....  
Inc. Town. .... Primary Registration District No. XXV  
City. .... (No. ....) St., .... Ward)

2 FULL NAME Barnette Ruth Sweeney

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single  Married  Widowed  or Divorced   
(Write the word)  
6 DATE OF BIRTH ..... 1 .....  
(Month) (Day) (Year)  
7 AGE .....  
..... yrs. 2 mos. .... ds.  
IF LESS than 1 day ..... hrs. or ..... min?  
8 OCCUPATION  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Todd Co. Ky.

PARENTS

10 NAME OF FATHER Raymond Sweeney  
11 BIRTHPLACE OF FATHER (State or country) Muh. Co. Ky.  
12 MAIDEN NAME OF MOTHER Armine Weatherford  
13 BIRTHPLACE OF MOTHER (State or country) Todd Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(informant) G. A. Dunn  
(Address) Grille, Ky. Rt. 1

15 Filed 3/8/24 1924 B. Blucklidge Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 2, 1924  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from March 2, 1924, to ..... 1924, that I last saw her alive on March 2, 1924, and that death occurred on the date stated above at 7 A. m.  
The CAUSE OF DEATH\* was as follows:

Broncho pneumonia  
(primary)

(Duration) ..... yrs. .... mos. 3 ds.

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

(Signed) J. S. ..., M. D.  
3/8, 1924 (Address) Greenleaf

\*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 ..... in the of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL Green River Ky. DATE OF BURIAL March 3, 1924

20 UNDERTAKER McDonald Dewitt Greenville ADDRESS Ky.

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, and last it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.