

PLACE OF DEATH

County *Muhlenberg*

Vot. Prec. *9*

Inc. Town *Rosewood Ky.*

City (No. St. Ward)

FULL NAME *Ethel Travis*

File No. *7673*

Registered No. *7129*

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

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Single*

DATE OF BIRTH *Feb 4, 1904*
(Month) (Day) (Year)

AGE *15 yrs. 6 mos. 12 ds.* If LESS than 1 day ... hrs. or ... min.?

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

BIRTHPLACE (State or country) *Ky.*

10 NAME OF FATHER *Pink Travis*

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

12 MAIDEN NAME OF MOTHER *Biddie Moore*

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Her Brother*
(Address) *Rosewood, Ky.*

Filed *191*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Feb 7, 1919*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *Feb 7, 1919* to *Feb 7, 1919*, that I last saw her alive on *Feb 7, 1919*, and that death occurred, on the date stated above, at *3 30* a.m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

Contributory *Spanish "Flu"*
(Duration) yrs. mos. ds.

(Signed) *E. M. Bewley*, M. D.
(Address) *Paris, Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(15) 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

16 PLACE OF BURIAL OR REMOVAL *Greenbrier* DATE OF BURIAL *Feb 8th, 1919*

17 UNDERTAKER *D. Rector* ADDRESS *Dunmore Ky*

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