FORM V. S. 1-200 M. 10-16-18

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

7675
File No.

1 PLACE OF DEATH
County Muh.
Vot. Pct. Roswood #9
Inc. Town
City (No. , St., Ward)

Registered No. 7129
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Ethel Travis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single
6 DATE OF BIRTH: July (Month) 12 (Day), 1904 (Year)
7 AGE: 14 yrs. 5 mos. 23 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):

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

PARENTS
10 NAME OF FATHER: Cirk Travis
11 BIRTHPLACE OF FATHER (State or country): Muh Co. Ky
12 MAIDEN NAME OF MOTHER: Biddie Moore
13 BIRTHPLACE OF MOTHER (State or country): Todd Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Zora M. Rust
(Address) Greenville. Ky.

15
Filed Mar 9, 1919 Hattie Bewley, Registrar

11—8184

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1919, to Feb 6, 1919, that I last saw her alive on Feb 6, 1919 and that death occured, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

Contributory (Secondary) Spanish 'Flu'

(Duration) yrs. mos. ds.

(Signed) E. M. Bewley, M. D.
Feb 7, 1919 (Address) Russell 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. 1 mos. ... ds.
In the State all life yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? At place of death
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
DATE OF BURIAL: 8, 1919

20 UNDERTAKER
ADDRESS

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