

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

**1 PLACE OF DEATH**County MuhlenbergVot. Pct. 33Registration District No. 1088

File No. \_\_\_\_\_

Registered No. 32Inc. Town DrakesboroPrimary Registration District No. 2437City Id(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)**2 FULL NAME** Norma Jean Ramwater(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**3 SEX Female 4 COLOR OR RACE W 5 Single Single  
Married Single  
Widowed  
or Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH Sept 21, 1935  
(Month) (Day) (Year)7 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1  
day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?**8 OCCUPATION OF DECEASED**(a) Trade, profession or particular kind of work.  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (city or town). Drakesboro, Ky  
(State or country)**PARENTS**10 NAME OF FATHER Virgil William Ramwater11 BIRTHPLACE OF FATHER (city or town). Logan Co Ky  
(State or country)12 MAIDEN NAME OF MOTHER Helen Louise Smith13 BIRTHPLACE OF MOTHER (city or town). Galacia  
(State or country)14 (Informant) Virgil M. Ramwater  
(Address) Drakesboro, Ky15 Filed Sept 21, 1935 J. Kimmel  
Registrar**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH Sept 21, 1935  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from Sept 21, 1935 to Sept 21, 1935  
that I last saw him alive on Sept 21, 1935  
and that death occurred on the date stated above at 4:40 p.m.  
The CAUSE OF DEATH\* was as follows:  
Pneumonia  
1648

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? 16 M. Kimmel M. D.  
Sept 21, 1935 (Address) Drakesboro

\*Sign the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Highway DATE OF BURIAL Sept 22, 193520 UNDERTAKER J. Kimmel ADDRESS Drakesboro

WRITE PLAIN UNFADING INK—THIS IS A PERMANENT RECORD  
M. D.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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