

1 PLACE OF DEATH

County Adair

Vot. Pol. Registration District No.

Ino. Town Casey Creek Ky Primary Registration District No.

City (No. St., Ward)

2 FULL NAME Artie Elizabeth Raniwater

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

File No. 6562
Registered No. 3

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 COLOR OR RACE W 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH March 1 - 1920
(Month) (Day) (Year)

7 AGE yrs. mos. 5 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)

9 BIRTHPLACE (State or country) Adair Mo

10 NAME OF FATHER Hiles R. Raniwater

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Martha L. Lebeck

13 BIRTHPLACE OF MOTHER (State or country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hiles R. Raniwater
(Address) Casey Creek, Ky

15 Filed 3-9-30 1930 A. H. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 6, 1930
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191....., to 191....., that I last saw h..... alive on..... 191....., and that death occurred on the date stated above at..... m. The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) 3-9-30 H. Lebeck, M. D.
Casey Creek, Ky (Address)

*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 Local cemetery chapel DATE OF BURIAL March 7, 1930

20 UNDERTAKER Joe Hardwick ADDRESS Casey Creek, 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, so that it may be properly filed. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

#1868