

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 10975

Registered No. 8

County Adair

Vot. Pct. Pallstun

Registration District No. 3924-3925

Town Casy Creek Ky Primary Registration District No. 10

City _____ (No. _____ St. _____ Ward _____)

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

2 FULL NAME Maria R. Rahnwates

(a) Residence. No. Casy, Crnk St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX f 4 COLOR OR RACE W 5 Single M
Married M
Widowed
or Divorced
(Write the word)

6a) married, widowed or divorced
HUSBAND of Liles Rahnwates
(or) WIFE of

6 DATE OF BIRTH Not given

7 AGE About 43 y
yrs. mos. ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) N.C.
(State or country)

10 NAME OF FATHER Ed. Chuk

11 BIRTHPLACE OF FATHER (city or town) N.C.
(State or country)

12 MAIDEN NAME OF MOTHER Matilda Billing

13 BIRTHPLACE OF MOTHER (city or town) N.C.
(State or country)

14 (Informant) Aaron Chuk
(Address) Knifley Ky

15 Filed 4-27, 1929 A. Hoover
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4-26, 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from _____, 19____, to _____, 19____
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date stated above at _____
The CAUSE OF DEATH was as follows:

Heart failure

(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? _____

(Signed) Ed. Chuk M. D.
4-27, 1929 (Address) Knifley Ky

*State 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 Casy Crnk DATE OF BURIAL 4-28, 29

20 UNDERTAKER Chuk, Rahnwates ADDRESS _____

MARSHES RESERVED FOR MIDDLES

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 classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

#1871