

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28993

## 1 PLACE OF DEATH

County LoganVot. Pct. 21

Inc. Town

City

Registration District No. 925

Primary Registration District No.

(No. St. Ward)

2 FULL NAME Mrs. Dovie Ramwater

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

Registered No. 4

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR, OR RACE White 5 Single  Married  Widowed  or Divorced  (Write the word)6 DATE OF BIRTH 1907  
(Month) (Day) (Year)7 AGE 19 yrs. mos. ds. IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION  
(a) Trade, profession or particular kind of work At Home  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER J. N. Quirk11 BIRTHPLACE OF FATHER (State or country) Ky12 M maiden NAME OF MOTHER Levina Grace13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. N. Quirk(Address) Russellville KyFiled 11/10/1926 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 3 1926  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 192\_\_\_\_, to \_\_\_\_\_, 192\_\_\_\_,

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 192\_\_\_\_,

and that death occurred on the date stated above at 7 A m.

The CAUSE OF DEATH\* was as follows:

"Uremic Convulsions"

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Contributory (Secondary) \_\_\_\_\_

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

(Signed) J. S. M. [Signature] M. D.\_\_\_\_\_ 192\_\_\_\_ (Address) Russellville 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 \_\_\_\_\_ in the

of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted,

If not at place of death? \_\_\_\_\_

Former or

usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL

Chandler's Chapel DATE OF BURIAL Nov 4 1926

ADDRESS

Chandler's Chapel Russellville Ky

#1874

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is essential. CAUSE OF DEATH in plain terms so that it may be properly classified. See instructions on back of certificate.