FORM V. S. 7-100 M. 10-18-10

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 15483

Registered No. .....

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

1 PLACE OF DEATH
County Pulaski
Vot. Pct. Fall Branch
Inc. Town Cain's Store
City ..... (No. ..... St.; ..... Ward)

2 FULL NAME Rasso Ramsaur

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: Jan (Month) 6 (Day) 189[illegible] (Year)

7 AGE: 27 yrs. 4 mos. 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) Has own Employ

9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER Bart Ramsaur
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Bittie Dawson
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Dawson
(Address) Cains Store, Ky.

15
Filed May 10, 1917 W. J. Minton
REGISTRAR

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 6 (Day) " , 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Did not ~~last~~, to him at all, 191..., that I last saw h..... alive on ....., 191..., and that death occured, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis with involvement
.....
.....
(Duration) 10 yrs. — mos. — ds.

Contributory (SECONDARY) .....
(Duration) ... yrs. ... mos. ... ds.

(Signed) H. C. Dye, M. D.
May 6, 191.7 (Address) Montcastle, 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. .... 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: New Hope
DATE OF BURIAL: May 7, 1917

20 UNDERTAKER: Andrew Lowe
ADDRESS: Cains Store Ky

#1877

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—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.

MARGIN RESERVED FOR BINDING