

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

PLACE OF DEATH

County CassidyVot. Pct. RateInc. Town Mintonville

City \_\_\_\_\_ (No. \_\_\_\_\_ St.; Ward \_\_\_\_\_)

FULL NAME Emert RamwaterFile No. 28318

Registered No. \_\_\_\_\_

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

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

12 DATE OF BIRTH Aug 20<sup>th</sup> 1896  
(Month) (Day) (Year)

13 AGE 17 yrs. 1 mos. 16 ds. If LESS than 1 day... hrs. or... min.?

14 OCCUPATION  
(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry business, or establishment in which employed (or employer) Father

15 BIRTHPLACE (State or country) Mintonville, Ky.

16 NAME OF FATHER Daniel F. Ramwater

17 BIRTHPLACE OF FATHER (State or country) Mintonville Ky

18 MAIDEN NAME OF MOTHER Sarena Henson

19 BIRTHPLACE OF MOTHER (State or country) Mintonville

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daniel F. Ramwater(Address) Mintonville Ky

20 Filed Dec 10, 1913 J. J. Hogew REGISTRAR

MEDICAL CERTIFICATE OF DEATH **DELAY**

21 DATE OF DEATH Sept 25, 1913.  
(Month) (Day) (Year)

22 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1913, to Sept 24, 1913., that I last saw him alive on Sept 24, 1913., and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH\* was as follows:

Obstruction of bowel caused from over-eating in the third week of Typhoid fever. (Duration) ... yrs. ... mos. 4 ds.  
Contributory Typhoid fever (Secondary) (Duration) ... yrs. 1 mos. 2 ds.

(Signed) H. C. Dye M. D.Apr 26, 1913. (Address) Mintonville Ky

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

(23) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

24 PLACE OF BURIAL OR REMOVAL Mintonville, Ky DATE OF BURIAL Sept 26, 1913.25 UNDERTAKER Hubbard Ramwater ADDRESS Mintonville Ky

#1878

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

MARGIN RESERVED FOR DEDUCTIONS  
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.