FORM V S 1-500M 2-29-12

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

3593

1 PLACE OF DEATH

County Casey

Vot. Pct. Dry Creek Registration District No. Fogus Creek

Inc. Town .... Primary Registration District No. 5509

City .... (No. .... St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Roxanna Royalton

File No. ....
Registered No. ....

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 .... (Month) .... (Day) 1 .... (Year)

7 AGE 65 yrs. .... 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) ....

9 BIRTHPLACE (State or country) Pulaski

PARENTS

10 NAME OF FATHER Joe Rainwaters

11 BIRTHPLACE OF FATHER (State or country) Dont know

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (State or country) Dont know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Lancaster

(Address) Moreland Ky.

15 Filed Jan. 20, 1917 R. H. Bohon by State Bland REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 19, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June, 1917 to Jan 19, 1917 that I last saw her alive on Jan 2, 1917 and that death occurred on the date stated above at 8 P. m. The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) .... yrs. .... mos. 10 ds.

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

(Signed) J. H. McQuesty, M. D.

........, 191.. (Address) Hustonville

*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 Casey Co.

DATE OF BURIAL Jan. 20, 1917

20 UNDERTAKER W. F. [illegible]

ADDRESS Moreland Ky.

11—3184

MARGIN RESERVED FOR BINDING
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.

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