

## 1 PLACE OF DEATH

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. **6216**County PulaskiVot. Pct. NancyRegistration District No. 1207Registered No. 1207

Inc. Town

Primary Registration District No. 2001

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

City Nancy, Ky.

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

2 FULL NAME Ella Rainwater

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Jan. 3, 1902  
(Month) (Day) (Year)7 AGE 21 yrs. 1 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) Ky.

## PARENTS

10 NAME OF FATHER Willie Burge11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER Sis Schoolcraft.13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester Rainwaters(Address) Nancy, Ky.15 J.T. WilsonFiled Feb. 7, 1923By J.T. Wilson Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 3, 1923  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1922, to Feb. 3, 1923,that I last saw her alive on Sept. 1, 1922, and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis(Duration) 1 yrs. mos. ds.

Contributory (Secondary)

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

(Signed) Brent Weddle, M. D.  
Feb. 4, 1923 (Address) Nancy, 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 Wendover Cemetery. DATE OF BURIAL Feb. 5, 192320 UNDERTAKER Ed. Hays ADDRESS Nancy, Ky.

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 language, so that it may be properly classified. Every statement of OCCUPATION is very important. See instructions on back of certificate.

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