

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31914

1 PLACE OF DEATH

County CulaskiVot. Pct. Fall BranchInc. Town Cains Store

City _____

Registration District No. _____

Primary Registration District No. 2263

(No. _____ St. _____ Ward _____)

2 FULL NAME

Bartholomew Ramwater

File No. _____

Registered No. 7

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Mar 6
(Month) (Day) (Year)7 AGE 58 yrs. 9 mos. 3 ds. IF LESS than 1 day or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Farmer
(b) General nature of industry, business or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Daniel Ramwater11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Anna Whitaker13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) America Ramwater(Address) Mintonville Ky.15 Filed Dec 11 1923 H. A. Pierce Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 9, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1923, to Dec 16, 1923, that I last saw him alive on Dec 2, 1923, and that death occurred on the date stated above at 1-30 A.M.The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis(Duration) 5 yrs. _____ mos. _____ ds.Contributory Flu
(Secondary)(Duration) _____ yrs. 2 mos. _____ ds.(Signed) H. C. Dye, M. D.
Dec 9, 1923 (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.

18 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 _____

19 PLACE OF BURIAL OR REMOVAL

New Hope Cemetery20 UNDERTAKER H. F. Ramwater

DATE OF BURIAL

Dec 14, 1923

ADDRESS

Mintonville

#19609

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. It is statement of OCCUPATION is very important. See instructions on back of certificate.