

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File no. _____

Registered No. 196

Form V-2-4

PLACE OF DEATH
County PulaskiVol. No. Lincoln

Inc. Town _____

City _____

Registration District No. 1205Primary Registration District No. 8012(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Rufus F. Rammwater IF VETERAN, WHAT WAR? _____(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH

7. AGE Years 70 Months _____ Days _____ If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, woolen, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE 1 Ky13. NAME Wm Rammwater14. BIRTHPLACE Ky15. MAIDEN NAME Jane Russell16. BIRTHPLACE Tenn17. INFORMANT Wm R F Rammwater(Address) W. Sumner

18. BURIAL, CREMATION, OR REMOVAL

Place W Sumner Date 1-16-3919. UNDERTAKER Sumner Undertaking Co(Address) Sumner, Ky20. FILED 1/20/39 Sarah C. Widdie

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 15, 1939

I HEREBY CERTIFY, That I attended deceased from

July 1, 1938 to Jan 15, 1939I last saw him alive on Jan 14, 1939, death is saidto have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance

in order of onset were as follows:

Sarcoma of Stomach 6 mo46

Contributory causes of importance not related to principal cause:

Mitral Insufficiency 2 yPneumonia Hypostatic 2 days agoName of operation None Date of _____What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify 9839(Signed) Brent Waddie M.D.(Address) Sumner Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH INK. This is a permanent record. Every item of information should be stated EXACTLY. PHYSICIAN 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.

#2005