

1 PLACE OF DEATH
 County Bath
 Vol. No. Salt Lick #1-5105
 Inc. Town Near Salt Lick
 City (No. St. Ward) 1st Ward
 Registration district No. 52
 Primary registration district No. 5105
 Registered No. 103
 File No. 103
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Mahinda Ragoz

PERSONAL AND STATISTICAL PARTICULARS

1 SEX female 2 COLOR OR RACE negro 3 MARRIAGE STATUS married
(If in the word)

4 DATE OF BIRTH 10 1858
(Month) (Day) (Year)

5 AGE 52 yrs. 13 mos. 06 ds. If LESS than 1 day... hrs. 27... min. 1

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

7 BIRTHPLACE (State or country) Rowan Co

8 NAME OF FATHER Allen Ragoz

9 BIRTHPLACE OF FATHER (State or country) Bought in Slavery

10 MAIDEN NAME OF MOTHER Eda. Green

11 BIRTHPLACE OF MOTHER (State or country) Rowan Co

MEDICAL CERTIFICATE OF DEATH

12 DATE OF DEATH January 12, 1911
(Month) (Day) (Year)

13 WHEREBY CERTIFY, That I attended deceased from May 1910, to Jan 12 1911, that I last saw her alive on Jan 12 1911, and that death occurred, on the date stated above, at her home.

14 CAUSE OF DEATH* was as follows:
mitral insufficiency

15 CONTRIBUTORY (Secondary) Dropy
(Duration) yrs. 8 mos. 06 ds.

16 (Signed) Robbins & Wilson, M. D.
 Jan 12, 1911 (Address) Salt Lick Ky

17 (1) 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Jane Green
Dalt Lick Ky.
 Filed Jan 18, 1911
 REGISTRAR

18 PLACE OF BURIAL OR REMOVAL James Brown ch
 DATE OF BURIAL Jan 14, 1911
 UNDERTAKER J. Ragoz Salt Lick
 ADDRESS

M. D.—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.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 MARGIN RESERVED FOR BINDING