

WHITE PLAINLY, WITH REFERENCE ONLY TO A FEMALE BY PREFIXED
 M. S. - Every copy of this certificate is to be furnished immediately to the health officer of the county in which the death occurred, and to the health officer of the county in which the death was reported. This certificate is to be retained for 100 years.

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

PLACE OF DEATH
 County Madison Registration District No. 1492 File No. 6188
 Vol. No. 22 Supplement District No. _____ Registered No. 1
 Loc. Trans. Madison Ky Primary Registration District No. _____
 City _____ State _____
 FULL NAME Harriet Rose

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR white HAIR brn
 BUILD med
 DATE OF BIRTH Nov 16, 1894
 AGE 75 2 mo 11 d
 OCCUPATION Farmer
 (1) Cause, profession, or particular kind of work
 (2) General nature of industry, business or establishment to which employed or employed
 PLACE OF BIRTH Kentucky
 COUNTY OF BIRTH Marshall Co. Ky.
 PLACE OF BIRTH Kentucky
 COUNTY OF BIRTH Franklin County
 PLACE OF BIRTH Lowell, Tenn.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3, 1922
 TIME OF DEATH 11:30
 PLACE OF DEATH at home
 CAUSE OF DEATH Chronic interstitial nephritis
 (1) Cause of death
 (2) Immediate cause of death
 (3) Contributing causes
 (4) Manner of death
 (5) Nature of disease
 (6) Nature of injury
 (7) Nature of poisoning
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THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 Signature John McHenry
 (Name) Franklin Ky.
Feb 4 1922 Parsonage, Ky.
James Conroy, Jr. Feb 4 1922
Johnson, Roger Salt Lick, Ky.