

County Bath

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_

Vol. No. 4048

Registration District No. 52

Registered No. \_\_\_\_\_

Incl. Town \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

City \_\_\_\_\_

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

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

2 FULL NAME Annie Pearl Houser

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. m

(b) Length of residence in city or town where death occurred 1 yrs. --- mos. --- ds. New long in U.S. if of foreign birth? --- yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 Single  Married  Widowed  Divorced  (Write the word) None

5a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH about 30 yrs (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

7 AGE about 36 yrs. --- mos. --- ds. IF LESS than 1 yr. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Housewife (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) Bath Co Ky (State or country) \_\_\_\_\_

10 NAME OF FATHER David Gilbert

11 BIRTHPLACE OF FATHER (city or town) Bath Co Ky (State or country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Annie Keyser

13 BIRTHPLACE OF MOTHER (city or town) Ky (State or country) \_\_\_\_\_

14 (Informant) Nancy H. Hord (Address) Self

Filed 12-31 1927 Mrs. C. A. Houser Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 30 1927 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Phys. in a hospital

that I last seen alive 12 1927

and that death occurred on the date stated above at Bath Co Ky

The CAUSE OF DEATH\* was as follows: gun shot wound

accidental

(Duration) 1 1/2 hrs

Contributory (Secondary) None

(Duration) --- yrs. --- mos. --- ds.

17 WHERE WAS DISEASE CONTRACTED If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) J. B. Houser, M. D.

(Address) Bath Co Ky

\*State (1) Cause, (2) Date, (3) Place, (4) whether from Violent Cause, (5) whether from Injury, and (6) whether Accidental, Natural or Unnatural. See reverse side for additional instructions.

18 PLACE OF BURIAL OR REMOVAL James Cemetery DATE OF BURIAL 1-1 1928

19 UNDERTAKER Wm. J. Vaughn ADDRESS Bath Co Ky

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be accurately supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact Name of OCCUPATION is very important. See instructions on back of certificate.