

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

710

1 PLACE OF DEATH  
County Fayette

File No. \_\_\_\_\_  
Registered No. 1

Vol. Pct. \_\_\_\_\_ Registration District No. 1311  
Inc. Town \_\_\_\_\_ Primary Registration District No. 1995-2506  
City Lexington (No. Highway Sanatorium Kentucky  
(If death occurred in a hospital or institution, give its NAME instead of street number)

2 FULL NAME Rose Goldie  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Farmers 13  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 Single Single  
Married  
Widowed  
or Divorced  
(Write the word)

16 DATE OF DEATH January 8, 1930  
(Month) (Day) (Year)

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

17 I HEREBY CERTIFY, That I attended deceased  
from Nov 1, 1929, to Jan 8, 1930,  
that I last saw h. o alive on Jan 7, 1930,  
and that death occurred on the date stated above at 5 a m.  
The CAUSE OF DEATH\* was as follows:

6 DATE OF BIRTH September 22, 1870  
(Month) (Day) (Year)

Alcohol Poison

7 AGE 59 yrs. 3 mos. 17 ds.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

.....(Duration) ..... yrs. 3 mos. .... ds.

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

Contributory (Secondary) .....  
.....(Duration) ..... yrs. .... mos. .... ds.

9 BIRTHPLACE (city or town) (State or country) Kentucky

18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? .....

10 NAME OF FATHER Jefferson Goldie

Did an operation precede death? ..... Date of .....

11 BIRTHPLACE OF FATHER (city or town) (State or country) Old Virginia

Was there an autopsy? .....

12 MAIDEN NAME OF MOTHER Barbara Ann Kinder

What test confirmed diagnosis? .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Old Virginia

(Signed) Dr. Frank E. Evans, M. D.

14 (Informant) John Goldie  
(Address) Salt Lick, Ky.

Jan 8, 1930, (Address) Farmers

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

15 Filed Jan 8, 1930 Mrs T A E Evans  
Registrar

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL Jan 10, 1930

20 UNDERTAKER Barnes + Horseman ADDRESS Salt Lick Ky