

PLACE OF DEATH
County Scott
Vol. No. 8906
Inc. Town
City
FULL NAME Ruth Jones

File No.
Registered No.
Word: (If applicable, specify in words the number of the street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White MARRIAGE STATUS Single
DATE OF BIRTH November 17 1912

AGE 4 years 2 months 12 days

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

BIRTHPLACE (State or territory) Bath Co Ky

PARENTS
NAME OF FATHER Cleo Jones
BIRTHPLACE OF FATHER Mo.
MARRIAGE NAME OF MOTHER Carrie Adams
BIRTHPLACE OF MOTHER Ky.

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(In witness whereof) Cleo Jones
(Address) Salt-Lick Twp

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 1916

I HEREBY CERTIFY that I attended deceased from Nov 29 1916 to Nov 30 1916
that I last saw her alive on Nov 29 1916
and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH was as follows:
Scalded by falling into kettle of hot water.

Contributory (Cause) (State) (City) (County) (State)

(Signature) H.S. Mitchell M.D.
Nov 30 1916 (Address) Salt-Lick Ky

PREVIOUS ILLNESS CAUSING DEATH, or INFLUENZA, or OTHER CAUSE (State)
(1) Name of illness, and (2) whether ACUTE or CHRONIC, or INTERMITTENT
LENGTH OF RESIDENCE (For Hospitals, Institutions, Yards, or other places)
At place of death 2 yrs 4 mos in the State 2 mos 20
Where was disease contracted, if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL Jones Graveyard DATE OF BURIAL 11-30-1916
(UNDERTAKER) Mrs. Scio's Vaughan Salt-Lick

WRITE PLAINLY, WITH CAREFULNESS AND WITHOUT A PREJUDICIAL MIND

Be sure these instructions are carefully followed. Care should be taken to fill in all particulars. If any part of the certificate is left blank, it should be so marked. Do not write in ink. Do not use ink for corrections. Do not use ink for corrections. Do not use ink for corrections.