

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

24647

County Cath  
Vol. No. 4706 Registration Office No. 52  
Inc. Town \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
(If death occurred in a hospital or institution give the NAME instead of street and number.)

2 FULL NAME Goldy Mable Ratchiff

PERSONAL AND STATISTICAL PARTICULARS

|  |   |   |
|--|---|---|
| 1 SEX<br><u>Female</u>   | 4 COLOR OR RACE<br><u>white</u>                                 | 3 SINGLE, MARRIED, WIDOWED OR DIVORCED<br>(With the word) <u>Bebe</u> |
| 6 DATE OF BIRTH<br><u>Jan. 20<sup>th</sup></u>   | 7 AGE<br><u>1</u> yrs. <u>10</u> mos. <u>8</u> ds.              |   |
| 8 OCCUPATION<br>(a) Trade, profession, or particular kind of work _____<br>(b) General nature of industry, business or establishment in which employed (or employer) _____ |   |   |
| 9 BIRTHPLACE<br>(State or country) <u>Pike Co Ky</u>   |   |   |
| 10 PARENTS   | 10 NAME OF FATHER<br><u>Joel Ratchiff</u>                       |   |
|  | 11 BIRTHPLACE OF FATHER<br>(State or country) <u>Pike Co Ky</u> |   |
|  | 12 MAIDEN NAME OF MOTHER<br><u>Bessy Ratchiff</u>               |   |
|  | 13 BIRTHPLACE OF MOTHER<br>(State or country) <u>Pike Co</u>    |   |

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
Oct 27 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1918, to Oct 28, 1918, that I last saw h. alive on Oct 23, 1918, and that death occurred on the date stated above at 7.6 m. The CAUSE OF DEATH\* was as follows:

influenza

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

(Signed) E. P. Jones, M. D.  
\_\_\_\_\_ 1918. (Address) Salt Lick Ky

\*State the Immediate Cause of Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Yearly visits 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) Joel Ratchiff  
(Address) Salt Lick Ky

15 Filed 10-27-18 S. C. Alexander  
Mrs. Stealy

19 PLACE OF BURIAL ON REMOVAL  
Public Cemetery 10-28-18  
UNDERTAKER  
Mrs. J. M. Vaughan Salt Lick Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
4--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly sifted. Exact statement of OCCUPATION is very important. Instructions on back of certificate.