WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

R. B.—Every item of information is required and should be carefully supplied. ABE should be given EXACTLY. PHYSICIANS should locate CAUSE OF DEATH in very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Rowan

Vol. Par 15 2

Ins. Town Farmers

City ... No. ... St. ... Ward ...

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

Registration District No. 7492

Primary Registration District No. 2306

File No. 36719

Registered No. 829

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

2. FULL NAME Annie Ramey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6. DATE OF BIRTH (Month) (Day) (Year) Unknown

7. AGE about 60 yrs. ... mos. ... ds. If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (State or country) Morgan Co,

PARENTS

10. NAME OF FATHER Silas Ramey

11. BIRTHPLACE OF FATHER (State or country) Ky

12. MAIDEN NAME OF MOTHER Sallie Blair

13. BIRTHPLACE OF MOTHER (State or country) Ky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. F. Ramey

(Address) Farmers Ky

15. Filed Nov 11, 1918 Maude Myers Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 10, 1918 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 191... to ..., 191...; that I last saw h... alive on ..., 191...; and that death occurred on the date stated above at 12 m. The CAUSE OF DEATH* was as follows:

Interstitial Nephritis, Bowels

(Duration) 1 yr. ... mos. ... ds.

Contributory (Secondary)

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

(Signed) W. H. Stamper M. D.

(Address) Farmers Ky

*Insert the Essential Cause (Disease or Injury) Directly Producing Death, (1) Means of Injury and (2) Whether Accidental, Suicidal, or Homicidal.

18. LENGTH OF RESIDENCE (For hospitals, institutions, transients, or recent residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19. PLACE OF BURIAL OR REMOVAL Jones cemetery | DATE OF BURIAL Nov 11, 1918

UNDERTAKER Mr. Sorrell | ADDRESS Farmers Ky