

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

22873

PLACE OF DEATH

County Rowan

Vol. No. 42

Inn. Town

City

Registration District No. 7422

Primary Registration District No. 7422

(No. St. Ward)

File No.

Registered No.

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

FULL NAME Rosie Chick

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Girl 2 COLOR OF HAIR White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

4 DATE OF BIRTH March 8, 1912

7 AGE 1 yr. 5 mos. 5 ds. 8 IF LESS than 1 day... hrs. or... min.?

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

10 BIRTHPLACE (State or country) Rowan Co.

11 NAME OF FATHER Edw. Chick

12 BIRTHPLACE OF FATHER (State or country) Kentucky

13 MAIDEN NAME OF MOTHER Nieha Perry

14 BIRTHPLACE OF MOTHER (State or country) Kentucky

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edw. Chick

(Address) Farmers Log

16 Filed Aug 13, 1913 Maudie Myer

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH August 13, 1913

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1913, to Aug 13, 1913, that he saw her alive on Aug 11, 1913, and that death occurred on the date stated above at 4 a.m. The CAUSE OF DEATH\* was as follows:

White Anterior  
(Duration) 9 yrs. 9 mos. ds.

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

(Signed) D. H. ... M. D. Aug 13, 1913, (Address) Farmers Log

\*Mark the Disease Causing Death, or, in deaths from Violent Causes state (1) MANNER OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT 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

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

James Cemetery, Farmers Log, Ky.

20 UNDERTAKER ADDRESS McWaters Salt Lick

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

11-3084