

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

30973

1 PLACE OF DEATH

County Nelson

Vot. Pot. New Haven Registration District No. 880

Ino. Town New Haven Primary Registration District No. 7142

City ..... (No. .... St., ..... Ward)

2 FULL NAME Rosebelle Drummell

File No. ....

Registered No. ....

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED yes  
(Write the word)

6 DATE OF BIRTH Jan 13, 1961  
(Month) (Day) (Year)

7 AGE 61 yrs. 11 mos. 14 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Nelson County

10 NAME OF FATHER William Peale

11 BIRTHPLACE OF FATHER (State or country) Nelson County

12 MAIDEN NAME OF MOTHER Eliza Boone

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Boone Peale

(Address) .....

15 Filed Dec 27, 1910 Wilmer Pice  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 / 27, 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1920 to Dec 27, 1920, that I last saw her alive on Dec 27, 1920, and that death occurred on the date stated above at 10:30 a.m. The CAUSE OF DEATH\* was as follows:

Brought home  
.....  
.....  
(Duration) 1 yrs. .... mos. .... ds.

Contributory (SECONDARY) .....

(Signed) J. J. Drummell, M. D.

12/28, 1920 (Address) New Haven Ky

\*State the DISEASE CAUSING 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, 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 New Haven Ky DATE OF BURIAL Dec 28, 1920  
20 UNDERTAKER Ball & Walker ADDRESS New Haven Ky

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.