

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23470

1. PLACE OF DEATH

County NelsonVot. Pot. 14Registration District No. 1103

File No. _____

Ino. Town BardoniaPrimary Registration District No. 2441Registered No. 33

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME H. Boone Roper

(a) Residence, No. _____

(Usual place of abode) _____

St., _____ Ward _____

Length of residence in city or town where death occurred yrs. mos. ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed or Divorced Married6. If married, widowed, or divorced (or) WIFE of Carrie H. Roper7. DATE OF BIRTH Sept 1 18508. AGE Years 84 Months 4 Days 25 If LESS than 1 day _____ hrs. _____ min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

10. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

11. Date deceased last worked at this occupation (month and year) _____

12. Total time (years) spent in this occupation _____

13. BIRTHPLACE Barren Co.14. NAME Nicholas A. Roper15. BIRTHPLACE Nelson Co. Ky16. MAIDEN NAME Charlotte Boone17. BIRTHPLACE Barren Co. Ky18. INFORMANT H. H. Miller(Address) Bardonia19. BURIAL, CREMATION, OR REMOVAL Place St. Matthews Date 9-11-9420. UNDERTAKER Walter Roper(Address) Bardonia21. FILED 9-14 34 W. B. Hester Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9-13 194422. I HEREBY CERTIFY, That I attended deceased from Jan 12 1924 to Sept 13 1944

to have occurred on the date stated above, and to specify the principal cause of death and related causes of importance in order of onset were as follows:

June 15 1944 Coronary Arteriosclerosis

Date of onset

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) R. H. Miller M.D.Bardonia Ky

MARGIN RESERVED FOR BIDDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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! OCCUPATION is very important. See instructions on back of certificate.