

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 26210  
Registered No. 311 PLACE OF DEATH  
County HONROEVot. Pct. No. 10 Registration District No. 1064Inc. Town..... Primary Registration District No. 6737City..... (No. .... St. .... Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Alpha Rhoton, Wiles, y.(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. .... mos. .... ds. How long in U.S. if foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 Single Married Widowed or Divorced (Write the word) married6a If married, widowed, or divorced  
HUSBAND of Pat Rhoton,  
(or) WIFE of6 DATE OF BIRTH June 12 1892  
(Month) (Day) (Year)7 AGE 35 yrs. 3 mos. .... ds. IF LESS than 1 day .... hrs or .... min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housekeeper

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) Ky.  
(State or country)PARENTS  
10 NAME OF FATHER John Ford  
11 BIRTHPLACE OF FATHER (city or town) Ky.  
(State or country)  
12 MAIDEN NAME OF MOTHER Murrie Lecher  
13 BIRTHPLACE OF MOTHER (city or town) Ky.  
(State or country)14 (Informant) Pat Rhoton,  
(Address) Wiles, Ky.15 Filed 9/15/27, 19 Sept 15 1927  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 12 1927, 19 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw him alive on....., 19....., and that death occurred on the date stated above at..... m. The CAUSE OF DEATH\* was as follows:  
Tuberculosis  
(Duration) 2 yrs. .... mos. .... ds.Contributory (Secondary) .....  
(Duration) ..... yrs. .... mos. .... ds.

## 18 WHERE WAS DISEASE CONTRACTED

If not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) J. P. ..., M. D......, 19..... (Address) Wiles, Ky.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state the Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Wrens Cemetery, 9/13/27  
20 UNDERTAKER ADDRESS  
H. T. Netherton, Wiles, Ky.

REARER RECEIVED FOR INDEXING

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.