

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. **2455**Registered No. **9**

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

PLACE OF DEATH

County **Muhlenberg**Vet. Pct. **Paradise**Registration District No. **1089**

Inc. Town

Primary Registration District No. **6873**

City

No. St. Ward

2 FULL NAME **Joseph Wing Ross**

PERSONAL AND STATISTICAL PARTICULARS

1 SEX **Male** 4 COLOR OR RACE **White** 5 Single **Married**
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH **April 7 1867**
Month Day Year7 AGE **63 yrs. 8 mos. 28 ds.** IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work **Farmer**
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) **Ohio Co. Ky**10 NAME OF FATHER **William Ross**11 BIRTHPLACE OF FATHER (State or country) **U. S. A.**12 MAIDEN NAME OF MOTHER **Mary Hawke**13 BIRTHPLACE OF MOTHER (State or country) **Ohio Co Ky**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Paul Ross**
(Address) **Drakesboro, Ky**15 Filed **Jan 13, 1931** **Martha D. Fox**
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Jan 5 1931**
Month Day Year17 I HEREBY CERTIFY, that I attended deceased from **Jan 10, 1930** to **Jan 5, 1931**, that I last saw him alive on **Nov - , 1930**, and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans **82**
(Duration) **7** yrs. **—** mos. **—** ds.Contributory (Secondary) **82 yrs. — mos. — ds.**(Signed) **H. D. Neumann**
Jan 5, 1931 (Address) **Drakesboro, Ky**

*State the Disease Causing Death, or, in deaths from Violence, 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. State.....yrs.....mos.....ds.
Where was disease contracted,If not at place of death?.....
Former or usual residence19 PLACE OF BURIAL OR REMOVAL **Paradise, Ky** DATE OF BURIAL **Jan 6, 1931**20 UNDERTAKER **J. R. Kimmel** ADDRESS **Drakesboro, Ky.**

WRITE PLAIN 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.

MARRIAGE REGISTERED FOR RECORD