

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

19790

PLACE OF DEATH
County Hopkins
Vol. Pat. Mass. Hill
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Ray Lee Green

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant

4 DATE OF BIRTH April 14, 1912
(Month) (Day) (Year)

5 AGE 4 yrs. 4 mos. — ds. If LESS than 1 day — hrs. or — min.?

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

7 BIRTHPLACE (State or country) Hopkins Co., Ky

8 NAME OF FATHER Frank W. Green

9 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co., Ky

10 MAIDEN NAME OF MOTHER Mila Moore

11 BIRTHPLACE OF MOTHER (State or country) Hopkins Co., Ky

MEDICAL CERTIFICATE OF DEATH

12 DATE OF DEATH Aug 14, 1912
(Month) (Day) Year

13 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1912, to Aug 14, 1912, that I last saw him alive on Aug 14, 1912, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:
Cholera Infantum

(Duration) — yrs. — mos. 14 ds.

Contributory no other disease
(SECONDARY) (Duration) — yrs. — mos. — ds.

(Signed) C. E. O'Byrne, M. D.
Aug 14, 1912 (Address) Norton's Gap, Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(1) 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank W. Green
(Address) Norton's Gap, Ky

15 Aug 15, 1912
REGISTRAR

16 PLACE OF BURIAL OR REMOVAL Muhlenberg Co. DATE OF BURIAL Aug 15, 1912

17 UNDERTAKER C. E. O'Byrne Norton's Gap ADDRESS _____

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.

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD