

PLACE OF DEATH

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

12189

County Franklin

CERTIFICATE OF DEATH

Vol. 16

Registration District No. 136

File No.

Ino. Town

Primary Registration District No.

Registered No.

City

(No. St., Ward)

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

FULL NAME Ray Paul Gray

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)

16 DATE OF DEATH 4-9-1917
(Month) (Day) (Year)

6 DATE OF BIRTH 2-13-1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4-6-1917, to 4-9-1917, that I last saw him alive on 4-8-1917, and that death occurred on the date stated above at 7 P.M. The CAUSE OF DEATH* was as follows:
bronchial pneumonia

7 AGE 0 yrs. 1 mos. 28 ds. IF LESS than 1 day... hrs. or... min.?

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

(Duration) 0 yrs. 0 mos. 4 ds.

9 BIRTHPLACE (State or country) Ky.

Contributory (SECONDARY)

(Signed) W. H. Davidson, M. D.
4-9-1917 (Address) 2. Meridian Ky.

PARENTS

10 NAME OF FATHER William Everett Gray

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Lillian Maud McElroy

13 BIRTHPLACE OF MOTHER (State or country) Ky.

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jno. H. Jarvis (Address) 2. Hillside

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 residence

15 Filed 4-9-1917 Wm. C. G. Orsada REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Evans Country DATE OF BURIAL 4-10-1917
20 UNDERTAKER John Brock Estate ADDRESS Wrensfield

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

E. S.--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.