

7537

State File No.

Registrar's No. 66

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 1085Primary Registration District No. 2436

## 1. PLACE OF DEATH:

(a) County Martin(b) City or town Martinsville 1942

(If outside city or town limits, write RURAL)

(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community

(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky(b) County Martin(c) City or town Martinsville 1942

(If outside city or town limits write RURAL)

(d) Street No.

(If rural give precinct)

(e) If foreign born, how long in U. S. A.?

year

3(a) FULL NAME Mary Evalina (Raynie) Hale

3(b) If veteran,

3(c) Social Security

Name war

No.

4. Sex female5. Color or race white6(a) Single, widowed, married, divorced married6(b) Name of husband or wife Samuel Edmund Hale

6(c) Age of husband or wife if alive

Years

7. Birth date of deceased Nov. 15 1881

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr.

min.

7. Birthplace Logan County10. Usual occupation School teacher

11. Industry or business

FATHER

}

12. Name Ezekiel Raynie13. Birthplace South Carolina

MOTHER

}

14. Maiden name Francis Marion15. Birthplace South Carolina16(a) Informant's own signature Neil N. Jumper(b) Address Greenville 14

17. BURIAL, CREMATION, OR REMOVAL

Place EmergreenDate Mar 10, 194218(a) Signature of funeral director Parker & Gary(b) Address Greenville 14

19(a)

(Date received by local registrar)

(b)

Jane Lowell

(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8 1942194221. I hereby certify that I attended the deceased from Mar 7 1942to Mar 8 1942 that I last saw him alive on

\_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date

stated above at 10.45 AM.

Immediate cause of death

Aspirational Pneumonia

DURATION

Due to Severe Asthma

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? In or about home, on farm, in industrial place

in public place?

(Specify type of place)

While at work?

(e) Means of injury

23. Signature E. P. Yates

(M. D. or other)

Address Greenville 14 Date signed 3-9-42

MARGIN RESERVED FOR BINDING

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 of OCCUPATION is very important.