

1 PLACE OF DEATH

County MartinVot. Prec. Mason Ky

Inc. Town _____

City _____

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20877

File No. _____

Registration District No. 6839 Registered No. _____

Primary Registration District No. _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Julia Ann McRay(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE white 5 Single _____ Married Married
Widowed _____
or Divorced _____
(Write the word)5a If married, widowed, or divorced
HUSBAND or
(or) WIFE of L. S. McRay6 DATE OF BIRTH Mar 15 1894
(Month) (Day) (Year)7 AGE 33 yrs. 9 mos. 3 ds. IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work House wife
(b) General nature of industry,
business or establishment in
which employed (or employer) _____9 BIRTHPLACE (city or town) _____
(State or country) PennsylvaniaPARENTS
10 NAME OF FATHER Martin Bash
11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Pennsylvania
12 MAIDEN NAME OF MOTHER Minnie Miller
13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Pennsylvania14 (Informant) L. S. McRay
(Address) Mason, Ky

15 Filed _____, 19____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 18 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased
from Aug 13, 1928, to Aug 18 1928,
that I last saw him alive on Aug 16 1928,
and that death occurred on the date stated above at 2:15 p.m.
The CAUSE OF DEATH* was as follows:Invernal Poisoning
(Duration) _____ yrs. _____ mos. _____ ds.Contributory Acute Cereb.
(Secondary) _____
(Duration) _____ yrs. _____ mos. 12 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. A. Sulzby M. D.8/19, 1928 (Address) Central City Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) 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

Dovey Cemetery 8/19/ 192820 UNDERTAKER ADDRESS
E. J. Anderson Central City Ky

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.

REPRODUCED FROM ORIGINAL