

CERTIFICATE OF DEATH

File No. 2414

Registered No. _____

1. PLACE OF DEATH
County Muhlenberg Co.
Vet. Post Belton
Inc. Town _____Registration District No. 1092
Primary Registration District No. 6853City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME William Lee McCay
(a) Residence, No. Belton Ky. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed
or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH Feb. 11 - 19207. AGE Years Months Days If LESS than
14 11 10 1 day.....hrs.
or.....min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. _____9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE Kentucky13. NAME Richard W. McCay14. BIRTHPLACE Butler Co. Ky.15. MAIDEN NAME Barbie16. BIRTHPLACE Kentucky17. INFORMANT Richard W. McCay
(Address) Brush Creek Ky.

18. BURIAL, CREMATION OR REMOVAL

Place Brush Plains Date Jan. 22, 193519. UNDERTAKER Victor Jenkins
(Address) Brush Creek Ky.20. FILED 1/22 1935 Victor Jenkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 21st, 193522. I HEREBY CERTIFY, That I attended deceased from
_____ 19____ to _____ 19____I last saw him alive on Jan. 21, 1935 death is said
to have occurred on the date stated above, at 10:00 a. m.
The principal cause of death and related causes of importance
in order of onset were as follows:Arterio SclerosisDate of
onsetContributory causes of importance not related to
principal cause:Arterio SclerosisName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? _____ date of injury _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in
public place.Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) E. L. Galt, M. D.(Address) Greenville Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH FADING 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. See instructions on back of certificate.