

File
 State File No. 280724
 Registrar's No. 320

COMMONWEALTH OF KENTUCKY

Department of Health
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH:

(a) County Muhlenberg
 (b) City or town Central City Ky
 (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 Ky (b) County Muhlenberg
 (c) City or town Central City
 (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.? _____ years

3(a) FULL NAME David Walter McRay

3(b) If veteran, _____ 3(c) Social Security No. _____
 Name sex _____ No. _____
 4. Sex Male 5. White 6(a) Single, divorced, married, _____
 divorced _____

6(b) Name of husband or wife _____
 6(c) Age of husband or wife if alive _____ Years
 7. Birth date of deceased Feb 13 1868
 (Month) (Day) (Year)

8. AGE: 82 10 1
 (Years) (Months) (Days) If less than one day hr. _____ min.

9. Birthplace Muhlenberg Co. Ky.

10. Usual occupation Tradesman

11. Industry or business _____

FATHER { 12. Name Thomas McRay
 13. Birthplace Ky.

MOTHER { 14. Maiden name _____
 15. Birthplace Central City Ky.

16(a) Informant's own signature John McRay
 (b) Address Central City Ky

17. BURIAL, CREMATION OR REMOVAL
Vincent Cemetery Date Dec 16, 1944

18(a) Signature of funeral home Funeral Home
 (b) Address Central City Ky

19(a) 12/23/1944 Comard D. Wilkins
 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1944
 21. I hereby certify that I attended the deceased from Dec 15 1944
 to Dec 14 1944 that I last saw him alive on
8:20 A.M. 19____, and that death occurred on the date
 stated above at _____

Immediate cause of death _____ DURATION short
Arteriosclerosis
 Due to Kidney, Coronary
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: 131A
 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 J. S. G. G. G. (M. D. or other)
 Address Central City, Ky. Date signed 12-15-44

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. MARGIN RESERVED FOR BINDING.