

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

File No. _____
Registered No. _____

1. PLACE OF DEATH
County Mitchell
Vet. Pat. West Louisville Registration District No. 1093
Ino. Town _____ Primary Registration District No. 483
City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME J. T. Murray
(a) Residence. No. _____ 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) Widowed
6a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____

6. DATE OF BIRTH May 11
7. AGE Years 74 Months 9 Days _____ If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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 Todd Co. Ky

13. NAME Jess Murray

14. BIRTHPLACE Tenn

15. MAIDEN NAME Miss Key

16. BIRTHPLACE Don't know

17. INFORMANT Mrs. Edgar Hill
(Address) Greenland Ky

18. BURIAL, CREMATION, OR REMOVAL
Place See file Date Feb 11 1934

19. UNDERTAKERS M. B. McNeal & Co.
(Address) Greenland Ky

20. FILED 2-11 1934 C. B. Wickliffe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw him alive on May, 1932 death is said to have occurred on the date stated above, at 5:00 m.
The principal cause of death and related causes of importance in order of onset were as follows:

Heart trouble
1932
Contributory causes of importance not related to principal cause
Arteriosclerosis
Age

Name 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 _____ 19____
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. K. Gater, M. D.
(Address) Greenland Ky

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. See instructions on back of certificate.

By M. Wells