

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. At Home

Ino. Town

City

Registration District No. 713

Primary Registration District No. 7131

(No. St., Ward)

File No. 19462

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Raymond Munday

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH , 1 (Month) (Day) (Year)

7 AGE about 11 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work at home (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

10 NAME OF FATHER Herman Munday

11 BIRTHPLACE OF FATHER (State or country) Todd Co Ky

12 MAIDEN NAME OF MOTHER Minnie Moore

13 BIRTHPLACE OF MOTHER (State or country) Muh. Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) D.B. Sanford

(Address) Greenville Ky

15 Filed 7/27, 1919 W. B. Blewett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 26, 1919 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1919, to June 25, 1919, that I last saw him alive on June 25, 1919, and that death occurred on the date stated above at 11 a.m. The CAUSE OF DEATH* was as follows:

Typhoid Fever

Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) B. G. Argovite, M. D. June 26, 1919 (Address) DuPont St. Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Lee B. G. DATE OF BURIAL June 26, 1919

20 UNDERTAKER McDonald & Sewell ADDRESS Greenville 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.