

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.

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Marion*

Vot. Pct. *32*

Inc. Town *Browder 1/2*

City..... (No..... St.,..... Ward)

Registration District No. *872*

Primary Registration District No. *7125-*

File No. *15927*

Registered No. *15927*

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

2 FULL NAME *Regal Payne*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *White* 5 Single *Single*
 Married
 Widowed
 or Divorced
 (Write the word)

6 DATE OF BIRTH *Jan 2 1921*
 (Month) (Day) (Year)

7 AGE *6* yrs. *6* mos. *0* ds.
 IF LESS than 1 day..... hrs. or..... min?

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

9 BIRTHPLACE (State or country) *Browder Ky*

10 NAME OF FATHER *Taylor Payne*

11 BIRTHPLACE OF FATHER (State or country) *Bowling Green Ky*

12 MAIDEN NAME OF MOTHER *Mary Anderson*

13 BIRTHPLACE OF MOTHER (State or country) *Marion Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *Ellis Dinkens*

(Address) *Browder 1/2*

15 Filed *7/2*, 1921 *J.P. [Signature]* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *7 2 1921*
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *June 2*, 1921, to *July 2*, 1921, that I last saw him alive on *July 2*, 1921, and that death occurred on the date stated above at..... m.

The CAUSE OF DEATH* was as follows:

Cholera infantum

(Duration) *1* yrs. *1* mos. *0* ds.

Contributory (Secondary)

(Duration) *1* yrs. *1* mos. *0* ds.

(Signed) *W. A. [Signature]*, M. D.
7/2, 1921 (Address) *Browder 1/2*

*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 *7* yrs. *2* mos. *0* ds. State *7* yrs. *2* mos. *0* d.

Where was disease contracted,

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Rhoades* DATE OF BURIAL *7/3 1921*

20 UNDERTAKER *J.P. [Signature]* ADDRESS *Browder 1/2*