

Form V. S. 1-A-50m-11-1-29

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

1 PLACE OF DEATH

County Washington

Vet. Pat. \_\_\_\_\_

Registration District No. 1093

Inc. Town \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

City Central City

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

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

2 FULL NAME William Ray Proctor

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward (If nonresident, give city or town and State)  
(Usual place of abode)

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) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) 12 1932

7. AGE Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 1 5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MOTHER FATHER

12. BIRTHPLACE (city or town) Central City Ky (State or country)

13. NAME Robert Proctor

14. BIRTHPLACE (city or town) Ky (State or country)

15. MAIDEN NAME Nazel Williams

16. BIRTHPLACE (city or town) Ky (State or country)

17. INFORMANT Mrs A F Proctor (Address) Rowle - Ky

18. BURIAL, CREMATION, OR REMOVAL Place Burial Ky Date Feb 17, 1932

19. UNDERTAKER M B McDonald (Address) Rowle Ky

20. FILED 217, 1932 Registrar. By M. W. [unclear]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_ to \_\_\_\_\_, 19\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_, death is said to have occurred on the date stated above, at 9:50 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Bronchial Pneumonia Date of onset \_\_\_\_\_

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Contributory causes of importance not related to principal cause:

Premature Birth

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) R L Allen, M.D. (Address) Central City Ky

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.