

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18167

PLACE OF DEATH
County Muhlenberg
Vot. Pct. Rosewood
Inc. Town _____
City _____ (No. _____ St., _____ Ward)

File No. _____
Registered No. 7129

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

FULL NAME Raymond Wray

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 10 yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.

PARENTS

10 NAME OF FATHER Joe Wray

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky.

12 MAIDEN NAME OF MOTHER Mary Rust

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Dockins
(Address) Yost, Ky.

15 Filed July 15, 1912 at Paris, St. Franklin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 15, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1912, to _____, 1912,

that I last saw him alive on July 15, 1912,

and that death occurred, on the date stated above, at 12 1/2 miles

The CAUSE OF DEATH* was as follows:

Acute indigestion

(Duration) _____ yrs. _____ mos. 7 ds.

Contributory Peritonitis
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. G. Stator M. D.

July 15, 1912 (Address) Grenville, 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 Stoll Creek DATE OF BURIAL July 16, 1912

20 UNDERTAKER O. L. Roark ADDRESS Grenville

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.