

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11725

County Madison Registration District No. 1095 File No. \_\_\_\_\_  
 Vol. Pat. \_\_\_\_\_ Primary Registration District No. 2454 Registered No. \_\_\_\_\_  
 Inc. Town Mossville (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 City \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ray Daffs

(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  
 Married Married  
 Widowed or Divorced  
 (Write the word)

5a If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH May 27 1886 1 (Year)  
 (Month) (Day)

7 AGE 40 yrs. 11 mos. 15 ds. IF LESS than 1  
 day \_\_\_\_\_ hrs \_\_\_\_\_ min?

## 8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Kentucky  
 (State or country)

10 NAME OF FATHER Milton J. Daffs

11 BIRTHPLACE OF FATHER (city or town) Kentucky  
 (State or country)

12 MAIDEN NAME OF MOTHER Amie B. Baker

13 BIRTHPLACE OF MOTHER Kentucky  
 (State or country)

14 (Informant) Grandfather  
 (Address) Central City Ky

15 Filed 5-13 19 C. Burick Registrar  
Miss D

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 16 1927  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date stated above at \_\_\_\_\_.

THE CAUSE OF DEATH\* was as follows:

Being caught in cage at pump at mine  
accident  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) K. J. Allen, Coroner, M.D.5/16, 1927 (Address) Central City Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Evergreen cemetery May 13 1927  
 20 UNDERTAKER C. J. Anderson ADDRESS Central City

MADE REPRODUCED FOR RECORD

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.