

## COMMONWEALTH OF KENTUCKY

22040

## 1 PLACE OF DEATH

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. ....

County ChristianVol. Pct. Casey #9Registration District No. 232Registered No. 183

Inc. Town. ....

Primary Registration District No. 236

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

City. ....

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

2 FULL NAME Louis Frederick Rayer

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single Widower  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Feb 1, 1920  
(Month) (Day) (Year)7 AGE 72 yrs. .... mos. .... ds.  
IF LESS than 1 day .... hrs. or .... min?8 OCCUPATION Manufacturer  
(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) Louisville Ky10 NAME OF FATHER Frank Rayer11 BIRTHPLACE OF FATHER (State or country) Doel-Kenon12 MAIDEN NAME OF MOTHER Margaret Kendrick13 BIRTHPLACE OF MOTHER (State or country) Doel-Kenon14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mary Drelin  
(Address) Pembroke RR 215 Filed Sept 7, 1920 L. J. Suggins  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 7, 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 1920, to....., 1920, that I last saw h..... alive on....., 1920, and that death occurred on the date stated above at..... m.

The CAUSE OF DEATH\* was as follows:  
Natural but see above by jury  
(Duration) .... yrs. .... mos. .... ds.Contributory (Secondary) .....  
(Duration) .... yrs. .... mos. .... ds.(Signed) W. G. Partin M.D.  
Sept 7, 1920 (Address) Hopkinsville Ky\*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. Hopkinsville Ky18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
at place ..... 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 Pembroke Ky DATE OF BURIAL Sept 8, 192020 UNDERTAKER Waller & Lico ADDRESS C. Hopkinsville 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.

MARGIN RESERVED FOR BINDING