

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2702

1 PLACE OF DEATH

County Muhlenberg

File No. _____

Vet. Pct. N 32Registration District No. 1088Registered No. 43Inc. Town OrakesburyPrimary Registration District No. 6822

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

City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME Israel Mayes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Single
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Jan 8 1923
(Month) (Day) (Year)7 AGE _____ 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 Harvey Mayes11 BIRTHPLACE OF FATHER (State or country) Butler Co. Ky.12 MAIDEN NAME OF MOTHER Trane Russ13 BIRTHPLACE OF MOTHER (State or country) Butler Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harvey Mayes
(Address) Browder Ky.15 Filed 1-8 1923, J. R. Kimmel
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 8 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1923, to Jan 8, 1923, that I last saw her alive on _____, 1923, and that death occurred on the date stated above at _____ m.The CAUSE OF DEATH* was as follows:
Pain dead

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

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

(Signed) J. R. Kimmel, M. D.
1151, 1923 (Address) Browder Ky.

*State the Disease Causing Death, or, in deaths from Violence, Cause 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 _____ 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 Rhodora graveyard DATE OF BURIAL, Jan 8, 192320 UNDERTAKER J. R. Kimmel ADDRESS Orakesbury 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. Fact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR INDEXING