

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

Registered No. 961. PLACE OF DEATH
County Muhlenberg
Vet. Post 15
Inc. Town Beverly
City _____ (No. _____ St. _____ Ward _____)Registration District No. 1894
Primary Registration District No. 6840

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

2. FULL NAME Harshel Lee Payer
(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 M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Single
6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH Dec. 19, 1934
7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min. 7 258. Trade, profession, or particular kind of work done, as spinner, cooper, bootmaker, etc. _____
9. Industry or business in which work was done, as silk mill, counsell, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Bemis Twp.13. NAME Cecil Payer14. BIRTHPLACE Kentucky15. MAIDEN NAME Cliza Smith16. BIRTHPLACE Kentucky17. INFORMANT Carlton Smith(Address) Bemis Twp.18. BURIAL, CREMATION, OR REMOVAL
Place Wickliffe Date Aug. 10, 193519. UNDERTAKER Arthur J. Warkley(Address) Central City, Ky.20. FILED Aug 10, 1935 Yamin Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH _____, 19____

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1935 to Aug 9, 1935
I last saw him alive on Aug 5, 1935, death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:Whooping Cough Date of onset _____

Contributory causes of importance not related to principal cause: _____

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) DeRoy Willis, M. D.(Address) Wilson, Ky.

N. S. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIAN 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.