

Form V. B. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 62

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:  
(a) County Muhlenberg  
(b) City or town Depue KY  
(c) Name of hospital or institution:  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Ky (b) County Muhlenberg  
(c) City or town Depue  
(If outside city or town limits, write RURAL)  
(d) Street No. Depue  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

3(a) FULL NAME Eva Ray

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
Name war \_\_\_\_\_

4. Sex Female 5. Color or race white 6(a) Single, widowed, married, divorced Widowed

6(b) Name of husband or wife Monroe Ray

6(c) Age of husband or wife if alive \_\_\_\_\_ Years  
7. Birth date of deceased April 8 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 17 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Calwell County, Ky.

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

FATHER 12. Name Frank Peering

13. Birthplace Calwell County Ky

MOTHER 14. Maiden name Julia Eison

15. Birthplace Calwell Co. Ky.

16(a) Informant's own signature Myrtle Davis

(b) Address Greenville, Ky.

17. BURIAL, CREMATION, OR REMOVAL  
Place Oak Grove Date Feb 26, 1949

18(a) Signature of funeral director J. Irwin Gray  
(b) Address Greenville, Ky.  
19(a) 2-26-49 (Date received by local registrar) (b) Jane P. Lavelle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1949

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to Feb 5 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_  
stated above at \_\_\_\_\_ M.

Immediate cause of death Heart trouble  
Coronary occlusion

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 9 + A

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place?  
(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature E. R. [unclear]  
Address Greenville Ky Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.