

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23103

File No. \_\_\_\_\_

Registered No. 861. PLACE OF DEATH  
County Mitch  
Vot. Prec. 1093  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_Registration District No. 1093  
Primary Registration District No. 6836(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Frank Monroe Ray(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, Widowed or Divorced (write the word) married  
5a. If married, widowed, or divorced HUSBAND of (w) WIFE of \_\_\_\_\_

6. DATE OF BIRTH

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
66 11 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mining  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE Hepkins Co. Ky.13. NAME W. A. Ray14. BIRTHPLACE Ky.15. MAIDEN NAME Don't know16. BIRTHPLACE Don't know17. INFORMANT: Myrtle Jarvis  
(Address) Waynes Ky.18. BURIAL, CREMATION, OR REMOVAL  
Place Don't know Date 9-17, 193519. UNDERTAKEN M. B. McDonald & Co.  
(Address) Greenville Ky.20. FILED 9-16, 1935 P. P. Coulter  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept - 16, 193522. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Sept 16, 1935I last saw him alive on 15, 1935, death is said to have occurred on the date stated above, at 7 a m. The principal cause of death and related causes of importance in order of onset were as follows:Cardio-Arrest Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Edema

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) J. C. Woodburn, M. D.(Address) Greenville Ky.

N. B. WRITE PLAINLY IN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked and stated EXACTLY. Plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.