

1. PLACE OF DEATH

County Muhlenberg

Vet. Pct. _____

Ino. Town Central CityRegistration District No. 1085Primary Registration District No. 2435

City _____

(No. _____ St. _____ Ward _____)

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

2. FULL NAME Milford A. Ray IF VETERAN, WHAT WAR? _____(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 M4. COLOR OR RACE W5. Single, Married, Widowed
or Divorced (write the word).
Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH Sept 27 - 1865

7. AGE

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.73311

OCCUPATION

8. 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. ✓10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____

12. BIRTHPLACE _____

FATHER

13. NAME Louis Ray14. BIRTHPLACE Ky.

MOTHER

15. MAIDEN NAME Elizabeth Tallman16. BIRTHPLACE Ky.17. INFORMANT Mrs. Sherman Ellis(Address) Central City, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Walnut CypressDate Jan 10193919. UNDERTAKER B. B. Tucker(Address) Sumner, Ky.20. FILED Jan. 10, 1939James Carter

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 8, 193922. I HEREBY CERTIFY That I attended deceased from
Nov. 1, 1938 to Jan 8, 1939I last saw him alive on Jan 8, 1939, death is held
to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance
in order of onset were as follows:Acute Cardiac dilatationDate of
onset106 - 75Contributory causes of importance not related to
principal cause:Chronic Bronchitis

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 _____ 1939

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. P. Walton(Address) Central City, Ky.

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. 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.