

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Bath
Vet. Post Bath Lick Ky
Inc. Town _____Registration District No. 5-2
Primary Registration District No. 4085-CITY _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Robert Lawrence Day(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. 10 mos. 27 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) Single6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH July 27 - 19377. AGE Years _____ Months 11 Days 27 If LESS than 1 day _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as operator, conyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, cannery, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Bath Lick, Ky.13. NAME Virgil Day14. BIRTHPLACE Bath Co., Ky.15. MARRIED NAME Eda Mae Jones16. BIRTHPLACE Bath Co., Ky.17. INFORMANT John E. Clark(Address) Bath Lick Ky18. OBSCIAL CREMATION, OR REMOVAL
Place James Cemetery Date June 27, 193819. UNDERTAKER Walter H. Hargrave(Address) Bath Lick Ky20. FILED 6-27-38 Wm. S. C. Alexander
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 27, 1938I HEREBY CERTIFY, That I attended deceased from June 23, 1938 to June 27, 1938.
I last saw her alive on June 26, 1938 Death is said to have occurred on the date stated above, at _____
The principal cause of death and related causes of importance in order of onset were as follows:June 21 - 1938 Date of onset
Rhema Infarctum
Cholecystitis

Contributory causes of importance not related to principal cause:

Name of operation none 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 6-19
Where did injury occur? _____

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? No If so, specify _____(Signed) H. S. Nickell M. D.
(Address) Morehead, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT FORM. Every item of information should be carefully copied and 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. See instructions on back of certificate.