

K. S. WHITE PLAINLY WITH CERTAINING INC.—THIS IS A PERMANENT RECORD. Every item of information should be carefully completed. 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.

Form No. 1-4
 DEPARTMENT OF COMMERCE
 Bureau of Census

COMMONWEALTH OF KENTUCKY
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 5303
 Registrar's No. 223

Registration District No. 500 County Registrar's Station No. 2165

<p>1. PLACE OF DEATH:</p> <p>1a) Name <u>FARMERS</u></p> <p>1b) City or town <u>LEWISTON</u></p> <p>1c) Name of hospital or institution <u>NEEDHAMSTON</u></p> <p>1d) Length of stay in hospital or institution (Specify month or season) <u>1</u></p>	<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>2a) State <u>KENTUCKY</u></p> <p>2b) City or town <u>FARMERS</u></p> <p>2c) Street No. <u>103</u></p> <p>2d) If foreign born, list date in U. S. A. <u>1925</u></p>
<p>3a) FULL NAME <u>PAUL RAY CRAIG</u></p> <p>3b) Sex <u>MALE</u></p> <p>3c) Race <u>WHITE</u></p> <p>3d) Marital Status <u>MARRIED</u></p> <p>3e) Name of husband or wife <u>PAUL CRAIG</u></p> <p>3f) Age of husband or wife if alive <u>32</u> Years</p> <p>3g) Date date of husband <u>1913</u></p> <p>3h) Education <u>H. S. G. R. A.</u></p> <p>3i) Usual occupation <u>Farmer</u></p> <p>3j) Industry or business <u>Farmer</u></p> <p>3k) Name <u>MILARD CRAIG</u></p> <p>3l) Birthplace <u>KENTUCKY</u></p> <p>3m) Mother's name <u>CLARA CHIDESTER</u></p> <p>3n) Birthplace <u>KENTUCKY</u></p>	<p>4. DATE OF DEATH <u>MARCH 9 1945</u></p> <p>4a) I hereby certify that I attended the deceased from <u>March 6</u> to <u>March 9</u> 1945 and that death occurred on the date stated above at <u>2 P. M.</u></p> <p>4b) Cause of death <u>Pneumonia</u></p> <p>4c) Other conditions <u>5 of acute bronchitis on back shoulder bones.</u></p> <p>4d) Major disease <u>181-10913</u></p> <p>4e) Of nature <u>Pneumonia.</u></p>
<p>5. BURIAL, CREMATION, OR REMOVAL:</p> <p>5a) Name of funeral home <u>THE BIRMINGHAM FLORIST</u></p> <p>5b) Address <u>FARMERS KY</u></p> <p>5c) Place <u>Dallas Cem. near MARIONNAS</u></p> <p>5d) Signature of funeral director <u>[Signature]</u></p> <p>5e) Address <u>SOFT LICK KY</u></p> <p>5f) Date received by local registrar <u>3-16-1945</u></p>	<p>6. IF DEATH WAS NOT IN NATURAL CAUSE, fill in the following:</p> <p>6a) Accident, injury, or homicide (specify) <u>accident</u></p> <p>6b) Date of occurrence <u>March 6 1945</u></p> <p>6c) Where and under what conditions, or force, or industrial plant, or public place? <u>In jail</u></p> <p>6d) Specify type of plant <u>Prison</u></p> <p>6e) Signature <u>[Signature]</u></p> <p>6f) Address <u>Farmers KY</u></p> <p>6g) Date of report <u>March 15 1945</u></p>

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