

MAJOR REVISED FOR RECORDS

U.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

Registration District No. 500 County Registration Station No. 2165

1. PLACE OF DEATH:
 (a) Name FARMERS
 (b) City or town LEWISTON
 (c) Name of hospital or institution NEEDHAMSTON
 (d) Length of stay in hospital or institution

2. USUAL RESIDENCE OF DECEASED:
 (a) Name KENTUCKY
 (b) City or town ROWAN
 (c) Name of hospital or institution

3. FULL NAME PAUL RAY CRAIG
 (a) Sex MALE (b) Race WHITE (c) Marital Status MARRIED
 (d) Name of husband or wife PAUL CRAIG
 (e) Age of husband or wife if alive 32
 (f) Date of birth BT T T

4. Occupation WKA.

5. Industry or business

6. Name MILARD CRAIG
 7. Residence KENTUCKY
 8. Name CLARA CHIDESTER
 9. Residence KENTUCKY

10. Informant's name Dr. Ben Flouge
 11. Address FARMERS KY
 12. Signature of informant Dr. Ben Flouge
 13. Date 3-16-1945

14. Date of death MARCH 9 1945
 15. Time of death 2 P.M.
 16. Cause of death 5 of diphtheria
 17. Site of lesion on back throat & tonsils
 18. Major lesion 131-10913
 19. Site of lesion Pneumonia

20. If death was due to natural causes, fill in the following:
 (a) Accident, injury, or homicide (specify)
 (b) Date of occurrence March 6 1945
 (c) Where and under what circumstances, or name, in industrial plant, in public place?
 (d) Name of person killed
 (e) Name of person killed
 (f) Name of person killed

21. Signature Dr. Ben Flouge
 22. Address Rowan Ky
 23. Date May 15 1945

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