

Registration District No. 1070 Precinct Registration District No. 2425

1. PLACE OF DEATH & COUNTY <b>MONTGOMERY</b>		2. USUAL RESIDENCE (When deceased lived, if temporary residence before admission) <b>MT STEARLINE KY &amp; COUNTY BATH</b>	
b. CITY OR TOWN <b>MT STEARLINE</b>	c. LENGTH OF STAY (See note) <b>3 DAYS</b>	a. CITY OR TOWN <b>SAIT-LICK</b>	<b>006</b>
3. FULL NAME OF HOSPITAL OR INSTITUTION <b>MARY CHILES AGING</b>		4. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Last or First) <b>PAUL EDWARD TRAYLOR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 26 1953</b>	
5. SEX <b>MALE</b>	6. COLOR OF HAIR <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>SINGLE</b>	8. DATE OF BIRTH <b>NOV 24 1933</b>
9. USUAL OCCUPATION (Give kind of work) <b>LABOR</b>		10. KIND OF BUSINESS OR INDUSTRY <b>20</b>	11. BIRTHPLACE (State or foreign country) <b>KENTUCKY</b>
12. FATHER'S NAME <b>EDGAR TRAYLOR</b>		13. MOTHER'S MAIDEN NAME <b>LUCY WHITEMAN</b>	

14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	15. SOCIAL SECURITY NO.	17. INFORMANT <b>EDGAR TRAYLOR</b>
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18. CAUSE OF DEATH (See instructions on back of form) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Brain damage</b> ANTECEDENT CAUSES Mortal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Fracture skull</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN AGONY AND DEATH
	19. DATE OF OPERATION <b>8234-138-24</b>		20. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT, SUICIDE, HOMICIDE <b>Accident</b>	21b. PLACE OF INJURY (In a... place...) <b>Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Montgomery County KY 087</b>
22a. TIME OF INJURY <b>Oct 24 1953 PM</b>	22b. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> AT WORK	22c. HOW DID INJURY OCCUR <b>Auto accident Run off road</b>

23. I hereby certify that I attended the deceased from **Oct 24 1953** to **Oct 25 1953**, that I last saw the deceased alive on **Oct 24 1953** and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

24. DATE SIGNED <b>Oct 25 1953</b>	25. ADDRESS <b>W. H. Hines Co</b>	26. SIGNATURE <b>W. H.</b>
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27. BURIAL CEREMONY FROM <b>BURIAL</b>	28. DATE <b>OCT 28 1953</b>	29. NAME OF CEMETERY OR CREMATORY <b>JONES CEM</b>	30. LOCATION (City, town, or county) (State) <b>INDIAN BATH KY</b>
31. DATE SIGNED BY <b>Oct 28 1953</b>	32. REGISTRAR'S SIGNATURE <b>Elizabeth Myran</b>	33. FUNERAL DIRECTOR ADDRESS <b>Homan &amp; Powell 246 1st St</b>	