

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

10720

1. PLACE OF DEATH

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_

County BATH

Registration District No. 6-2

Registered No. \_\_\_\_\_

Vol. No. \_\_\_\_\_

Primary Registration District No. 4085

1st. Town SALT-LICK

City KENTUCKY (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give the NAME (instead of street and number))

2. FULL NAME HOMER TRAYLOR (If VETERAN, WHAT WART \_\_\_\_\_)

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If apartment, give ZIP OF U.S. MAIL BUREAU)

LISTED AS RESIDENT IN CITY OR TOWN WHERE BIRTH OCCURRED (If not, list in U. S. if of foreign birth)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR HAIR WHITE 5. Single, Married, Widowed, or Divorced SINGLE

21. DATE OF DEATH MAY 19 1937

6. If married, widowed, or divorced, give date of marriage or date of wife or husband's death

22. I HEREBY CERTIFY, that I attended deceased from April 12 1937 in Manchester, Mo. just now known alive on April 12 1937 death is said to have occurred on the date stated above, at 6 A. M. The principal cause of death and related causes of importance in order of rank were as follows:

6. DATE OF BIRTH

Pulmonary Tuberculosis  
12

7. AGE 37 Years 19 Months 1 Day 19 Hours 19 Minutes

8. Trade, profession, or particular kind of work done at death FARMER  
9. Industry or business in which deceased was engaged at death FARMER  
10. This deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. This was (season) \_\_\_\_\_

Contributory causes of importance not related to principal cause: \_\_\_\_\_

12. BIRTHPLACE KENTUCKY

Name of organ(s) \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Was there an autopsy? no

13. NAME ACCIE TRAYLOR

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

14. BIRTHPLACE KENTUCKY

15. MARRIAGE NAME MYRTLE STATION

16. BIRTHPLACE KENTUCKY

17. INFORMANT ACCIE TRAYLOR  
(Name) SALT-LICK KY

18. MARRIAGE, CREATION, OR REVERSAL  
Date JONES COM. MAY 21 1937

19. UNDERTAKER BARNES & HERZOG  
(Name) SALT-LICK KENTUCKY

20. FILED 6-21-37 Dr. S. C. Alexander (Address) Owingsville, Ky.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH READING MACHINES IN MIND. THIS IS A PERMANENT RECORD. ALL INFORMATION SHOULD BE CORRECTLY REPORTED. USE SHOULD BE MADE OF APPROPRIATE MEDICAL RECORDS TO DETERMINE CAUSE OF DEATH IN CASES WHERE IT IS NECESSARY TO DO SO. THIS IS VERY IMPORTANT. SEE INSTRUCTIONS.