

1. PLACE OF DEATH:

County Jay **H38**
City or town Northumbria
(If outside city or town limits, write RURAL)
Street address, hospital, or institution:
Stay in hospital or rest, (24, or mos., or days)
Stay in this community (7rs, or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Ind County Jay
City or town Northumbria **H38-1**
(If outside city or town limits, write RURAL)
Street No. _____
(If rural give LOCATION)

3. (a) FULL NAME

John Grayson

3. (b) Social Security Number

1. Sex M 2. Color or race Wh 3. (a) Single, married, widowed, or divorced married

4. (b) Name of husband or wife Paul 5. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) April 4 1895

8. AGE: Years 51 Months 11 Days 5 hrs. _____ min. _____
If less than one day

9. Birthplace Boone Co. Kentucky

10. Usual occupation Farmer

11. Industry or business Shoe Factory

12. Name Salvinia S. Grayson

13. Birthplace Kentucky

14. Maiden name Jean Finney

15. Birthplace Kentucky

16. Informant Atto Grayson

Address Northumbria Ind

17. Burial Date thereof 3-15-47
(Burial, cremation, or removal, which? (month) (day) (year))

Cemetery or crematory Forest Cemetery

Locality Northumbria Ky

18. Funeral director Harry B. Martin

Address Northumbria Ind

File # 3-13-47 W. A. G. G. G.
SBR 6-24-2 (11-100M) Health Officer

3. (a) IF VETERAN, NAME WAR

ATTENDING PHYSICIAN'S CERTIFICATION

20. Date of Death Mar. 12 1947. at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1946 to Mar. 12 1947 and that I last saw him alive on 3-2 1947.

Immediate cause of death Carcinoma of Prostate

Due to _____

Due to 0465-0230

Other conditions _____

(Include pregnancy within 3 months of death)
Major findings: _____

Of operations as stated

Of autopsy _____

22. VIOLENCE: If death was due to external causes fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work? Means of injury _____

23. Signature Frederick Streib M. D.
Attending Physician

Address Northumbria Ind Date signed 3-12-47

ENBALMER'S NAME Harry B. Martin
LICENSE No. 3219

FUNERAL DIRECTOR'S LICENSE No. 316

Streib ✓

Northumbria Ind.