

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Register's No. 11

Form V-1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

Registration District No. 50 Precinct Enumeration District No. 2027

1. PLACE OF DEATH:  
(a) County Bath  
(b) City or town Rural  
(c) Name of hospital or institution \_\_\_\_\_  
(d) Length of stay in hospital or community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Ky. (b) County Bath  
(c) City or town Rural  
(d) If foreign born, how long in U. S. A.?

(a) FULL NAME George Traylor  
(b) Sex Male Color White (c) Single, widowed, married, divorced Married  
(d) Name of husband Sarah Traylor  
(e) Age of deceased or wife if deceased about 20  
1. With date of deceased January, 22, 1869

MEDICAL CERTIFICATION  
20. DATE OF DEATH Feb. 9/40  
21. I hereby certify that I attended the deceased from Feb. 8/40 to Feb. 8/40 that I had seen him alive on Feb. 8/40 and that death occurred on the date stated above at 12 noon M.  
Cause of death Organic heart disease DURATION several yr

4. AGE: Year 71 Month 12 If less than one day \_\_\_\_\_  
5. Birthplace Morgan Co. Ky.  
6. Usual occupation Laborer  
7. Industry or business \_\_\_\_\_

Other conditions Flourish 2 days  
Major findings:  
Of operation None  
Of autopsy None

FATHER:  
(1) Name Dave Traylor  
(2) Birthplace Kentucky  
MOTHER:  
(1) Maiden name Frances Montgomery  
(2) Birthplace Kentucky

(a) Informant's name Mrs. Geo. Traylor  
(b) Address Salt Lick, Ky.  
17. BURIAL, CREMATION, OR REMOVAL  
Place Jones Cemetery Date Feb 11/40

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? In or about home, on farm, in industrial plant, in public place? (Specify type of place) \_\_\_\_\_

(a) Signature of funeral director James W. Wasserman  
(b) Address Salt Lick, Ky.  
(c) Date received by local registrar Feb. 11 1940  
(d) Registrar's signature Wm. G. Bradley

18. Signature Dr. C. T. Jones  
Date signed 2/10/40

MARGIN RESERVED FOR INDEXING

11. B. WRITE PLAINLY WITH BLUE OR BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.