

1 PLACE OF DEATH

State Board of Health

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

County BathVot. Pot. 4984 Registration District No. 52 Registered No.Inc. Town Primary Registration District No. 4084City (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Raymond Edgar Snelling(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single single
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH March 21, 1915
(Month) (Day) (Year)7 AGE
yrs. mos. 15 ds. IF LESS than 1
day hrs
or min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work none
(b) General nature of industry,
business or establishment in
which employed (or employer)9 BIRTHPLACE (city or town) Selfick Bath Co
(State or country)PARENTS
10 NAME OF FATHER James Campbell Snelling
11 BIRTHPLACE OF FATHER (city or town) Selfick
(State or country)
12 MAIDEN NAME OF MOTHER Phenicia B. King
13 BIRTHPLACE OF MOTHER (city or town) Selfick Co. Ky
(State or country)14 (Informant) D. C. T. Jones
(Address) Selfick, Ky15 Filed 4/19, 1931 Registrar J. M. S. Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 5, 1931
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from March 31, 1931, to March 25, 1931,
that I last saw him alive on March 25, 1931,
and that death occurred on the date stated above at 2 A.M.
The CAUSE OF DEATH was as follows:Injury with partial paralysis due
to very difficult and prolonged birth
and inability to recover
16 hrs (Duration) yrs. mos. 15 ds.Contributory (Secondary)
(Duration) yrs. mos. ds.18 WHERE WAS DISEASE CONTRACTED
If not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) D. C. T. Jones M. D.
Apr 5, 1931 (Address) Selfick Ky*State the Disease Causing Death, or, in deaths from Violent
Causes, state (1) Means and nature of Injury; and (2) whether
Accidental, Suicidal or Homicidal. (See reverse side for addi-
tional space.)19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 4/15, 193120 UNDERTAKER None ADDRESS