

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

County *Saltslick*

Registration District No. *6-2*

Registered No.

Vet. Post. *Saltslick*

Primary Registration District No. *4084*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Inn. Town

No. *P* St. _____ Ward

City

2 FULL NAME

Minor Razon

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX *M* 2 COLOR OR RACE *B* 3 MARRIAGE STATUS *Married*

4 DATE OF DEATH *Oct 28 1924*

5 DATE OF BIRTH *Oct 16 1855*

6 I HEREBY CERTIFY, That I attended deceased from *July 20 1924* to *Oct 28 1924*, that I last saw him alive on *Oct 28 1924*, and that death occurred on the date stated above at *6 am*.
The CAUSE OF DEATH was as follows:
Cardiac Dropsy

7 AGE *69 yrs*

(Duration) *yrs 6 mos 00 ds*

8 OCCUPATION (a) Trade, profession or particular kind of work *Farmer*
(b) General nature of industry, business or establishment in which employed (or employer)

Contributory (necessary) _____ (Duration) *yrs 00 mos 00 ds*

9 BIRTHPLACE (State or country) *Ky*

(Signed) *Dr. P. P. Jones, M. D.*
Oct 31 1924 (Address) *Saltslick, Ky*

10 NAME OF FATHER *Rubin Razon*

11 BIRTHPLACE OF FATHER (State or country) *Ky*

12 MOTHER NAME (or MOTHER) *Hettie Barnes*

13 BIRTHPLACE OF MOTHER (State or country) *Ky*

14 PLACE OF DEATH (If in hospital, institution, Trade, State or County District)

at place of death *in the* State *yr 00 mos 00 ds*
Where was disease contracted? _____
If not at place of death? _____
Former or usual residence _____

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Annie Razon*
(Address) *Saltslick Ky*

16 PLACE OF BURIAL OR CREMATION *Jones cemetery* DATE OF BURIAL *Nov 2 1924*

17 FILED *10-31-24 Mrs. G. H. Hays*

18 SIGNATURE OF REGISTRAR *E. L. Barnes*

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
MAKING SEVERAL COPIES FOR RECORDS
A. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.