

28029

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

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

State File No. _____
Registrar's No. 83

Registration District No. 1055 Primary Registration District No. 7346

1. PLACE OF DEATH:

(a) County Matape
(b) City or town RURAL
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Wisdom Ky.
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Matape
(c) City or town RURAL
(If outside city or town limits, write RURAL)
(d) Street No. Wisdom
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Issac Taylor Mumurray

3(b) If veteran, _____ 3(c) Social Security
Number K No. K

4. Sex MALE 5. Color or race White 6(a) Single, widowed, married, divorced Widowed

6(b) Name of husband or wife Larida Mumurray

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased 1890 1 27
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 24 If less than one day hr. _____ min.

9. Birthplace Matape Co. Ky.

10. Usual occupation FARMER

11. Industry or business _____

FATHER 12. Name JAMES N. Mumurray

13. Birthplace Monroe Co. Ky.

MOTHER 14. Maiden name Kathryn Bartley

15. Birthplace Matape Co. Ky.

16(a) Informant's own signature H. H. Mumurray

(b) Address Summer Shade, Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place Summer Shade Date Dec 22, 1944

18(a) Signature of funeral director H. H. Mumurray

(b) Address Summer Shade, Ky.

19(a) 12-30-44 (Date received by local registrar)
(b) Louise B. Carter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1944

21. I hereby certify that I attended the deceased from Dec 19 1944
to Dec 21 1944 that I last saw him alive on Dec 20 1944 and that death occurred on the date stated above at 10 A. M.

Immediate cause of death Uremia

Due to Cardio-Renal Disease

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 131A

Of operations _____

Of autopsy _____

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)

While at work? _____ (a) Means of injury _____

23. Signature E. J. Dunham MD
(M. D. or other)

Address Edmonton Ky Date signed 12-21-44

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.