

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. **25029**

Registered No. \_\_\_\_\_

## PLACE OF DEATH

County PulaskiVot. Pct. Pall BranchRegistration District No. 1111

Inc. Town \_\_\_\_\_

Primary Registration District No. 7263City Cain's Store Ky

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME Ray Ramwater (Stillborn)

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

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. (If nonresident, give city or town and State!)

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE W 5 Single 2  
Married  
Widowed  
or Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH Sept 7 1929  
(Month) (Day) (Year)7 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
IF LESS than 1  
day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or  
particular kind of work \_\_\_\_\_  
(b) General nature of industry,  
business or establishment in  
which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) Ky10 NAME OF FATHER Wesley V Ramwater11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_  
(State or country) Ky12 MAIDEN NAME OF MOTHER Alma B Parker13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_  
(State or country) Ky14 (Informant) J. M. Tarter  
(Address) Cain's Store15 Filed \_\_\_\_\_ 19\_\_\_\_  
Lietta Cain Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 7 1929  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date stated above at \_\_\_\_\_ m.The CAUSE OF DEATH\* was as follows:  
Stillborn

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 18 WHERE WAS DISEASE CONTRACTED

If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) Brent W. Hedder, M. D.  
Sept 7, 1929 (Address) Nancy 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 additional space.)

19 PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

#1875

WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—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.

SEARCHED INDEXED FOR RECORDS