

FORM V-1 1-1908 9-29-18

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

*John
D. Ford*

1 PLACE OF DEATH
County Bryan
Vol. No. Registration District No. 91
Ino. Town Ashland Primary Registration District No. 2046
City (No. St., Ward)
2 FULL NAME William D. McBrayer
File No. 30762
Registered No. 18
(If death occurred in a hospital or institution give its name instead of street and number.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
B. E.—Every item of information should be carefully checked. 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. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6 DATE OF BIRTH Aug 6, 1838
7 AGE 76 yrs. 4 mos. 29 ds. IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Ky.
10 NAME OF FATHER James McBrayer
11 BIRTHPLACE OF FATHER (State or country) Ky.
12 MAIDEN NAME OF MOTHER Mrs. Sanders
13 BIRTHPLACE OF MOTHER (State or country) Ky.

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Dec 30, 1914
17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1914 to Dec 30, 1914, that I last saw him alive on Dec 29, 1914, and that death occurred on the date stated above at 11 m. The CAUSE OF DEATH was as follows:
Bright Disease
Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds.
(Signed) Wm D Ford M. D.
12-30-1914 (Address) Ashland, Ky.
*Give the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John McBrayer
(Address) Farmville, Ky.

15 Dr. J. E. Dible
1014 Lane E. Dible
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Waverly Cemetery DATE OF BURIAL 12-31-1914
20 UNDERTAKER W. Brown ADDRESS Ashland, Ky.