

MARGIN RESERVED FOR BINDING
 N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information 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.

Form V. S. 1-A

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

File No. 5689
 Registered No. 19

1. PLACE OF DEATH
 County Montgomery Co Ky.
 City Mt. Sterling, Ky.
 Registration District No. 1070
 Primary Registration District No. 2425

2. FULL NAME Chester Aurthur Rayburn
 (a) Residence, No. Olive Hill Ky 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.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH 1937	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed <u>Married</u>		21. DATE OF DEATH <u>Feb 8 1937</u>	
6. If married, widowed, or divorced HUSBAND of <u>Edna McBrayer</u> (or) WIFE of <u>June 19 1892</u>				22. I HEREBY CERTIFY, That I <u>did not</u> deceased from _____, 19__ to _____, 19__ I last saw him <u>on Feb - 8 . 1937</u> death is said to have occurred on the date stated above, at <u>8:45</u> m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Acute Heart Block.</u>	
7. AGE <u>44</u> Years Months Days If LESS than 1 day _____ hrs. or _____ min.				Contributory causes of importance not related to principal cause:	
8. Trade, profession, or particular kind of work done, at spinner, Sawyer, bookkeeper, etc.				Name of operation _____ Date of _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Merchant</u>				What test confirmed diagnosis? <u>Was there an autopsy?</u>	
10. Date deceased last worked at this occupation (month and year)				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19__ Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
11. Total time (years) spent in this occupation				Manner of injury _____	
12. BIRTHPLACE <u>Ky.</u>				Nature of injury _____	
13. NAME <u>George H. Rayburn</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
14. BIRTHPLACE <u>Kentucky</u>				(Signed) <u>Geo. C. Eastin</u>	
15. MAIDEN NAME <u>Sylvana Stamper</u>				(Address) <u>Chances Montgomery Co, Ky.</u>	
16. BIRTHPLACE <u>Kentucky</u>					
17. INFORMANT <u>Dexter Rayburn</u>					
(Address) <u>Lawton, Ky.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Family Cemetery</u> Date <u>Feb 10 1937</u>					
19. UNDERTAKER <u>C. W. Henderson</u>					
(Address) <u>Olive Hill Ky.</u>					
20. FILED <u>Feb 8 1937</u> <u>Doc. G. B. Seely</u> Registrar					