

Form V. S. 1-25m-1-4-28
1 PLACE OF DEATH
 County Carters
 Vol. Pct. No. 6
 Inc. Town _____
 City _____

COMMONWEALTH OF KENTUCKY
 State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 17638
 Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registration District No. 4625
 Primary Registration District No. _____
 City Salisbury (Ward) _____

2 FULL NAME Elvira Ray Baum

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single Married Widowed or Divorced (Write the words)

6 DATE OF BIRTH April 4th 1858

7 AGE 66 yrs. 4 mos. 8 ds. IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Ky.

PARENTS

10 NAME OF FATHER George M. Stamps
 11 BIRTHPLACE OF FATHER (State or country) Ky.
 12 MOTHER NAME OF MOTHER Katie Hoyer
 13 BIRTHPLACE OF MOTHER Ky.

14 OTHER ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Arthur Raybaum
 (Address) Lacater Ky.

15 FILED Aug. 16th Viola Jacobs Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 12th 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from July 19th 1924 to Aug 12th 1924 the last saw her alive on Aug 2nd 1924 and that death occurred on the date stated above at 6:00 a.m.

18 THE CAUSE OF DEATH was as follows:
Gastro Intestinal trouble
 (Duration) 8 yrs. 10 ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) M. W. Anderson, M. D. (Address) Clinton Hill
Aug 14th 1924

19 STATE THE DISEASE CAUSING DEATH, OR, IN DEATHS FROM VIOLENT CAUSES, STATE (a) Nature of Injury; and (b) whether Accidental, Criminal or Fortuitous.

20 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____ In the _____ State _____ yrs. _____ mos. _____ ds. Where was license contracted, if not at place of death? _____ Former or usual residence _____

21 PLACE OF BURIAL OR REMOVAL Raybaum Cemetery DATE OF BURIAL Aug 14 1924
 UNDERTAKER M. Henderson ADDRESS Clinton Hill

11-2154

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms. CAUSE OF DEATH in plain terms. See instructions on back of certificate.