

FORM V - 1-1-1900

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

29540
22
File No.
Registered No. 7209
(If death occurred in a hospital or institution, give its NAME, number of street and number.)

1 PLACE OF DEATH
County Boyd
City Stanton
Ino. Town
City (No. St. Ward)

Registration District No. 1201
Primary Registration District No. 7209

2 FULL NAME Raymond Lee Burns

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH March 27 1925
(Month) (Day) (Year)

7 AGE 1 yr. 7 mos. 29 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Penn.

PARENTS

10 NAME OF FATHER Blair E Burns
11 BIRTHPLACE OF FATHER (State or country) Penn.
12 MAIDEN NAME OF MOTHER Beadie Biggs
13 BIRTHPLACE OF MOTHER (State or country) Indy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)

15 Filed Nov 26 1926 Gay M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 29 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 25 94 to Nov 29 26 that I last saw him alive on Nov 25 26 and that death occurred on the date stated above at 8 m. The CAUSE OF DEATH was as follows:
acute indigestion
(Duration) ... yrs. ... mos. 2 ds.

Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds.
(Signed) J. W. Johnson, M. D.
Nov 26 1926 (Address) Stanton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT 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

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191..

20 UNDERTAKER ADDRESS

11-3164