

Friedly, Charles Raymond 1930 - 1934

Form V. S. 1-A-78m-3-30-32 COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
500

1. PLACE OF DEATH
County Fayette Co;
City Lexington, Ky
No. 2165 (No. of house or building, street, or other place where death occurred)
St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Charles Raymond Friedly.
(a) Residence 216 Lexington, Ky. (Usual place of abode)
St. Ward (If nonresident, give city or town and State)

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	
3. SEX <u>M</u>	4. COLOR OR RACE <u>Amer</u>	5. Single, Married, Widowed, <u>Married</u> (Write also word)		21. DATE OF DEATH <u>Sept. 17, 1934</u>	
6. If married, widowed, or divorced HUSBAND of (or) WIFE of				I last saw him alive on <u>Sept 17, 1934</u> to <u>Sept 17, 1934</u> death is held to have occurred on the date stated above, at <u>4:25 pm</u>	
7. AGE Years <u>4</u> Months <u>8</u> Days <u>1</u> If LESS than 1 day..... hrs. or min.				The principal cause of death and related causes of importance in order of onset were as follows: <u>Fracture of Base of skull.</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				Date of onset	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				<u>2:10 PM</u>	
10. Date deceased last worked at this occupation (month and year)				Contributory causes of importance not related to principal cause:	
11. Total time (years) spent in this occupation				Name of operation _____ Date of _____	
12. BIRTHPLACE <u>Scott Co; Ky</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
13. NAME <u>William Friedly</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury <u>Sept 17 1934</u>	
14. BIRTHPLACE <u>Scott Co; Ky</u>				Where did injury occur? <u>Georgetown Ky</u> <u>Lexington Ky</u> (Specify city or town, county, and State)	
15. MAIDEN NAME <u>Nannie Laura Bruin</u>				Specify whether injury occurred in industry, in home, or in public place. <u>Public Place Geo. R. Fayette Co Ky</u>	
16. BIRTHPLACE <u>Scott Co; Ky</u>				Manner of injury <u>Fracture of Base of skull</u>	
17. INFORMANT <u>William Friedly</u> (Address) <u>Lexington Ky R.F. 6 St. 1/2</u>				Nature of injury <u>automobile accident</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Georgetown Cemetery</u> Date <u>Sept 21, 1934</u>				24. Was disease or injury in any way related to occupation of deceased? <input checked="" type="checkbox"/> If so, specify _____	
19. UNDERTAKER <u>E. Ashurst & Son</u> (Address) <u>Georgetown, Ky.</u>				(Signed) <u>J. C. Carrick</u> M. D. (Address) <u>205 Lexington Ky</u>	
20. <u>9/25/1934</u> <u>D. A. Furlong</u> Registrar					

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must 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.