

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

FILE NO. 116 52 16828

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3743

Registration District No. 7 5 5 Primary Registration District No. 2 2 7 5

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL, and give town) <u>Louisville</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisville</u>		17-2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Family residence</u>				d. STREET ADDRESS (If rural, give location) <u>2333 Grand Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>		b. (Middle) <u>E.</u>		c. (Last) <u>BEAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1952</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>April 21, 1879</u>		9. AGE (In years last birthday) <u>73</u>	10. If Under 1 Year Months <u>3</u> Days <u>7</u> Hours <u>24</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife (self-employed)</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Central City, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Jack Evitts</u>		88		14. MOTHER'S MAIDEN NAME <u>Ollie Brown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT <u>Mrs. Edgar Bean</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 4 hrs</u> <u>7</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X-070-16</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-17</u> , 1952, to <u>7-28</u> , 1952, that I last saw the deceased alive on <u>7-28</u> , 1952, and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.							
23a. DATE SIGNED <u>8-5-52</u>		23b. ADDRESS <u>3103 Taylor Blvd.</u>		23c. SIGNATURE <u>Charles H. Bryant M.D.</u>		(Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/31/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Faducah, Kentucky</u>	
25a. DATE REC'D BY <u>AUG 7 1952</u>		25b. REGISTRAR'S SIGNATURE <u>Angela Hendricks</u>		26. FUNERAL DIRECTOR <u>Owen Funeral Home</u>		ADDRESS <u>2611 Virginia Avenue</u>	

AUG 14 1952