

23102

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 82

PLACE OF DEATH

County Muhlenberg

Vot. Post _____

Registration District No. 1093

Ino. Town _____

Primary Registration District No. 2436City Grunville Ky (If death occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____2. FULL NAME Clyde Samuel Bower(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (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

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Oct 26 19337. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
1 10 11

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ky13. NAME Clyde Bower14. BIRTHPLACE Ky15. MAIDEN NAME Mildred Perry16. BIRTHPLACE Ky17. INFORMANT R. P. Brinkler(Address) Grunville Ky18. BURIAL, CREMATION, OR REMOVAL CremationPlace Grunville Date 9/15 193519. UNDERTAKER Grunville Funeral Home(Address) Grunville Ky20. FILED 9-15 1935 R. P. Brinkler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 15, 193522. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1935 to Sept 14, 1935I last saw him alive on Sept 14, 1935, death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:Colitis

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 1935

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. C. Woodburn, M. D.(Address) Grunville Ky

MARGIN RESERVED FOR BINDING. 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.