

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE 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.

Form V. B. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. 21021  
Registrar's No. 274

Registration District No. 1095 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg

(b) City or town Russel  
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Muhl

(c) City or town Rural  
(If outside city or town limits, write RURAL)

(d) Street No. Rosewood  
(If rural give precinct)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

3(a) FULL NAME Edna Clardy

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

Name war \_\_\_\_\_

4. Sex F 5. Color race W 6(a) Single, widowed, married, divorced \_\_\_\_\_

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years 88 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Muhlenberg

10. Usual occupation at Home

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Jos. Dukes

13. Birthplace Ky

MOTHER { 14. Maiden name Don't know

15. Birthplace \_\_\_\_\_

16(a) Informant's own signature S. P. Clardy

(b) Address \_\_\_\_\_

17. BURIAL, CREMATION OR REMOVAL

Place McPherson B. H. Date Sept 4, 1947

18(a) Signature of funeral director Gay's Funeral Home

(b) Address Greenville Ky

19(a) 9-4-47 (Date received by local registrar) (b) Marjorie Stager (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3, 1947

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to Sept 5, 1947 and that death occurred on the date stated above at 1030 M.

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations 138

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_

23. Signature B. R. Dukes (M. D. or other)

Address Greenville Ky Date signed 9-4-47