

19972

1 PLACE OF DEATH

County Muhlenberg

CERTIFICATE OF DEATH

File No. 12Vot. Pct. Beech Creek KyRegistration District No. 1092

Registered No. _____

Inc. Town _____

Primary Registration District No. 6887

City _____

(No. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Yancey Clardy(a) Residence. No. 1(Usual place of abode) Belton Ky

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. -- mos. 7 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
47 - 0 - (?)¹ day hrs.
or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 3512. BIRTHPLACE (city or town) (State or country) Kentucky13. NAME W. Y. Clardy14. BIRTHPLACE (city or town) (State or country) Genoa15. MAIDEN NAME Edna Dukes16. BIRTHPLACE (city or town) (State or country) Ky17. INFORMANT (Address) Judd Clardy
Belton Ky18. BURIAL, CREMATION, OR REMOVAL Place Hazel Creek Ky Date May 30 193219. UNDERTAKER (Address) L. H. Straub
Beech Creek Ky20. FILED 9/3, 1932 Victor Judd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) _____, 19____

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932 to May 29, 1932I last saw deceased alive on May 20, 1932, death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of Stomach 1930

Contributory causes of importance not related to principal cause:

Name of operation None Date of NoneWhat test confirmed diagnosis? X-rays Was there an autopsy? No23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury 19Where 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 NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No If so, specify None(Signed) H. Neumann M. D.(Address) Drakeboro Ky

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. See instructions on back of certificate.

DELAY