

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANT RECORD

N. B.—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.

FORM V B 1-1908 2-29-12

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27876

PLACE OF DEATH

County MitchellbergVol. No. Bureau 2Registration District No. 2-7-1-1-1

Ino. Town

Primary Registration District No.

City

(No.

St.

Ward)

FULL NAME

Mr. Bettie Clark

File No.

Registered No. 2

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
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6 DATE OF BIRTH

Feb. 25, 1895  
(Month) (Day) (Year)

7 AGE

46 yrs.... mos. 14... ds.

IF LESS than  
1 day... hrs.  
or... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work  
(b) General nature of industry business or establishment in which employed (as employer)

9 BIRTHPLACE  
(State or country)Mitchellberg county Ky

10 NAME OF FATHER

Charley Watkins11 BIRTHPLACE OF FATHER  
(State or country)Mitchellberg county Ky

12 MAIDEN NAME OF MOTHER

Rebecca S. Coleman13 BIRTHPLACE OF MOTHER  
(State or country)Mitchellberg county Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. J. Richer  
Midland Ky.  
(Address)

15

Filed Jan. 6, 1921W. C. G. Wood

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 8, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from Nov. 7, 1921, to Dec. 8, 1921, that I last saw her alive on Dec. 7, 1921, and that death occurred on the date stated above at 11 A.M. The CAUSE OF DEATH was as follows:

Breast from being given a granule from the under surface of the sup. of both lungs to tubes

(Duration) ... yrs. ... mos. 2... ds.

Contributory  
(SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. C. Woodburn, M. D.

(Address) Midland Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Who was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Old Bethel

DATE OF BURIAL  
Dec. 9, 1921

20 UNDERTAKER

A. B. Tucker

ADDRESS  
Bureau Ky