

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

13186

1 PLACE OF DEATH

County Mitchellburg

Vol. Pol. 106

Registration District No. 872

Ino. Town

Primary Registration District No. 7125'

City

(No. St., Ward)

2 FULL NAME Isaiah R. Clark

File No.

Registered No. 14

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
(Write the word)

6 DATE OF BIRTH Sept 17, 1842
(Month) (Day) (Year)

7 AGE 73 yrs. 8 mos. 2 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 (or employer)

9 BIRTHPLACE (State or country) Ky

PARENTS
10 NAME OF FATHER John Clark
11 BIRTHPLACE OF FATHER (State or country) Tenn
12 MAIDEN NAME OF MOTHER Williams
13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Clark
(Address) Drakesboro Ky

15 Filed 6-19, 1915 J. R. Kimmel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 19, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1915, to May 19, 1915, that I last saw him alive on 16 day May, 1915, and that death occurred on the date stated above at 8 a.m. The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) 14 yrs. 14 mos. 14 ds.

Contributory (SECONDARY) (Duration) 14 yrs. 14 mos. 14 ds.

(Signed) S. A. Oltis, M. D.
May 19, 1915 (Address) Drakesboro Ky

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN-SIENTS OR RECENT RESIDENTS)
At place of death 14 yrs. 14 mos. 14 ds. In the State 14 yrs. 14 mos. 14 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Nortonville Ky DATE OF BURIAL 5/20, 1915

20 UNDERTAKER J. R. House ADDRESS Drakesboro Ky

WRITE PLAINLY. WHEN UNFADING INK--THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR INDEXING. N. B.--Every item of instruction should be carefully supplied. AGE should be given 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.