

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

PLACE OF DEATH
County Wickliffe
Reg. Dist. No. 7139
City (No. 19)
Ward) Wm Clark
FULL NAME James Wm Clark

File No. 24033
Registered No. 15
(If death occurred in a hospital or institution, give the street address of the hospital or institution.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Male</u>	4 COLOR OR RACE <u>Black</u>	3 SINGLE, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
2 DATE OF BIRTH <u>Sept 11th 1916</u> (Month) (Day) (Year)		IF LESS than 1 day... hrs. or... min.?
7 AGE <u>7 yrs. 7 mos. 1 ds.</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) <u>None</u>		
9 BIRTHPLACE (State or country) <u>Wickliffe Co., Ky.</u>		
PARENTS	10 NAME OF FATHER <u>John Clark</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Hopkins Co., Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Nettie Briggs</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Wickliffe Co., Ky.</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
September 11 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from Sept 11 1916 to Sept 11 1916 that I last saw him alive on Sept 11 1916 and that death occurred on Sept 11 1916 at Wm Clark. THE CAUSE OF DEATH was as follows:
non descript

(Duration) yrs. mos. ds.

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

(Signed) [Signature], M. D.
Sept 12 1916 (Address) Wickliffe, Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Clark
(Address) Blairwick Ky.

15 Filed 9/12 1916 J. Brewer, D.D.
REGISTRAR

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

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

19 PLACE OF BURIAL OR REMOVAL
Hopkins Grove Ford

DATE OF BURIAL
Sept 12, 1916

20 UNDERTAKER
None

ADDRESS

DAMNED UNCLE TOM FOR BEING

WRITE PLAINLY WITH WRITING INK—THIS IS A PAPER NOT BOOKS. Every item of information should be carefully supplied. All should be read EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Short statement of OCCUPATION is very important. See instructions on back of certificate.