

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

1901

1 PLACE OF DEATH

County *J. Muhlenberg*
Vol. No. *131*
Ino. Town *Bevier*
City *Bevier*
Registration District No. *2131*
Ward

File No.
Registered No. *79*

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

2 FULL NAME

James L. Clark

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the fact) *Married*

16 DATE OF DEATH *Feb 28 1902*
(Month) (Day) (Year)

6 DATE OF BIRTH *Dec 17, 1871*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 10, 1902* to *Feb 22, 1902* that I last saw him alive on *Feb 22, 1902*

7 AGE *30 yrs. 2 mos. 11 ds.*
IF LESS than I day... hrs. or... min.?

and that death occurred on the date stated above at..... The CAUSE OF DEATH* was as follows:
Pneumonia following Flu

8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business or establishment in which employed (or employer)
Coal Miner

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

9 BIRTHPLACE (State or country)
Ky.

(Signed) *L. Roy Wilcox*, M. D.
Feb 28, 1902 (Address) *Creston, Ky.*

10 NAME OF FATHER *Charlie Clark*

11 BIRTHPLACE OF FATHER (State or country)
North Carolina

12 MAIDEN NAME OF MOTHER *Marcie Butler*

13 BIRTHPLACE OF MOTHER (State or country)
Tennessee

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *E. M. Clark*

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

(Address) *Bevier Ky.*

19 PLACE OF BURIAL OR REMOVAL *Wickliffe*
DATE OF BURIAL *March 1, 1902*

15 Filed *3-1-1902* *W. H. Adams* REGISTRAR

20 UNDERTAKER *J. H. Jones*
ADDRESS *Creston Ky.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—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.

MAKER RESERVED FOR REVISION