

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

1 PLACE OF DEATH

County Martin

Vot. Prec. # 6

Ino. Town Drakeb...

City 17

Registration District No. 872

Primary Registration District No. 2437

(No. .... St., .... Ward)

File No. ....  
Registered No. 240096

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

2 FULL NAME Jeannine Clark

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

6 DATE OF BIRTH Nov 22 1900  
(Month) (Day) (Year)

7 AGE 14 yrs. ... mos. ... 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) Child

9 BIRTHPLACE (State or country) Coaly Ky

10 NAME OF FATHER Will Clark

11 BIRTHPLACE OF FATHER (State or country) Elkton Ky

12 MAIDEN NAME OF MOTHER Lorena Street

13 BIRTHPLACE OF MOTHER (State or country) Coaly Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Will Clark

(Address) Drakeb 15

15 Filed 9/6 1916 JRK REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Sept 6 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1916, to Sept 6, 1916, that I last saw her alive on Sept 6, 1916, and that death occurred on the date stated above at 8:30 pm. The CAUSE OF DEATH was as follows: Bright's Disease

(Duration) 2 1/2 yrs. ... mos. ... ds.

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

(Signed) J. D. ..., M. D. Sept 6 1916 (Address) Drakeb 15

\*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, 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 ... Sept 2, 1916

19 PLACE OF BURIAL OR REMOVAL Coaly Ky DATE OF BURIAL

20 UNDERTAKER Jas E. George Greenwell

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.