Form V. S. 1-1916-1-10-M.

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

File No. 26808

1 PLACE OF DEATH
County MUHLENBERG
Vol. Pct. 15
Reg. Town DRAKESBORO KY
Registration District No. 672
Primary Registration Dist. No. 7125
Registered No. 43
City (No. , St. , Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME JOE CLARK

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
MALE	NEGRO	SINGLE

6 DATE OF BIRTH: AUGUST (Month) 24 (Day), 1885 (Year)

7 AGE: 28 yrs. 1 mos. 8 da. If LESS than 1 day hrs. or min.?

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

9 BIRTHPLACE (State or country): LOGAN COUNTY KY

PARENTS
10 NAME OF FATHER: FRANCIS CLARK
11 BIRTHPLACE OF FATHER (State or country): KENTUCKY
12 MAIDEN NAME OF MOTHER: JUDIE WHITAKER
13 BIRTHPLACE OF MOTHER (State or country): KENTUCKY

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) WILL CLARK
(Address) DRAKESBORO KY

15 Filed 10 5, 1914 J. R. Kummer Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: OCTOBER (Month) 3 (Day), 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from JULY 24, 1914, to OCTOBER 3, 1914, that I last saw h.im alive on SEPTEMBER 30 1914, and that death occured, on the date stated above, at 2 a.m.
The CAUSE OF DEATH* was as follows:

TUBERCULOSIS OF LUNGS

(Duration) yrs. 5 mos. da.

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

(Signed) W. D. Newman M. D.
OCT. 2, 1914 (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, TRANSIENTS OR RECENT RESIDENTS)
At place of death .... yrs. .... mos. .... da. In the State .... yrs. .... mos. .... da.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: CASKETT KY
DATE OF BURIAL: OCT. 3, 1914

20 UNDERTAKER: ED GEORGE
ADDRESS: GREENVILLE KY

11—8194

WRITE PLAINLY, with INDELIBLE INK—TYPE is preferred. Do not use pencil. Make no erasures or corrections. Use no abbreviations except where directed. Do not leave any item unanswered. If unknown, or if it does not apply to the case, state "unknown" or "does not apply," as the case may be. Fill in all blanks. Be sure to answer all questions. Use additional sheet if necessary.

M. D.—Every item of information should be carefully supplied. Age should be stated in YEARS, PERSONS under one year of age stating age in months, days or hours. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITIONS is very important. See instructions on back of certificate.