

Commonwealth of Kentucky
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Mitchell
Vol. Fol. Hillside
Inc. Town
City (No. St. Ward)

File No. **36102**
Registered No.

2 FULL NAME Rizzie Clark

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

DELAY

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE Negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6 DATE OF BIRTH Oct. 1894
7 AGE 24 yrs. ... mos. ... ds. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. Bandress
(b) General nature of industry business or establishment in which employed (or employer)

16 DATE OF DEATH Oct. 31st, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27th, 1918, to Oct. 31st, 1918, that I last saw her alive on Oct. 29th, 1918, and that death occurred on the date stated above at 2 P.M. The CAUSE OF DEATH* was as follows:

Influenza

9 BIRTHPLACE (State or country) Kentucky
10 NAME OF FATHER Grant Johnson
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Mary Hampton
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

(Duration) ... yrs. ... mos. 18 ds.
Contributory (SECONDARY) ... yrs. ... mos. ... ds.
(Signed) U. S. Carter, M. D.
Oct. 31st, 1918. (Address) Greenwell 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. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Bird Maston
(Address) Mercer, Ky.

19 PLACE OF BURIAL OR REMOVAL Hawkins g yard DATE OF BURIAL 31 Oct, 1918
20 UNDERTAKER JAN O George ADDRESS Greenwell Ky

15 Filed 2 18 May 1918
REGISTERED

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

2. E--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 understood. Exact statement of OCCUPATION is very important. Instructions on back of certificate.