

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 28670
Registered No. 63

PLACE OF DEATH

County MadisonVot. Pot. 34Inc. Town Cleary

City

Registration District No. 71351094Primary Registration District No. 6844

(No. _____ St. _____ Ward _____)

2 FULL NAME Mary Louise Clark

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Single
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH 9 13 99
(Month) (Day) (Year)7 AGE 3 yrs. 8 mos. 17 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)9 BIRTHPLACE (State or country) KentuckyPARENTS
10 NAME OF FATHER Andy Clark
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Spencer
13 BIRTHPLACE OF MOTHER Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Andy Clark
(Address) Cleary15 Jan 1925 Registrar J. H. Warren

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 15 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 11 1924 to Dec 15 1924, that I last saw her alive on Dec 15 1924 and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Nephritis, Acute
(Duration) _____ yrs. _____ mos. _____ ds.Contributory Septicemia
(Secondary) (Duration) _____ yrs. _____ mos. _____ ds.(Signed) [Signature] M. D.
12/15 1924 (Address) Cleary

*State the Disease Causing Death, or, in deaths from violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homiidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted,if not at place of death?
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Wickliffe DATE OF BURIAL 12/16 192420 UNDEERTAKER [Signature] ADDRESS ClearyWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain English so that it may be properly classified. Examine instructions on back of certificate very important. See instructions on back of certificate.