

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **25803**

1 PLACE OF DEATH

County MuhlenbergVol. Pct. Court House Registration District No. 1099Inc. Town..... Primary Registration District No. 6830City Greenville (No. 5) St., Ward)2 FULL NAME Mary Clark

Registered No.

(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 Caucasian 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH 9
(Month) (Day) (Year)7 AGE 85 9
yrs. mos. ds. IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. None
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Muhlenberg County Kentucky10 NAME OF FATHER Isaac Billingham11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky12 MAIDEN NAME OF MOTHER Elija Stout13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Allie Calliot
(Address) Greenville Ky15 Filed 11/19/24 1924 B. W. Kline Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov-17 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov-17, 1924, to Nov-17, 1924, that I last saw h.w. alive on Nov-17, 1924, and that death occurred on the date stated above at 6:20 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Distention
(Duration) 2 hours mos. ds.Contributory Acute Vascular nephritis
(Secondary) (Duration) 5 yrs. mos. ds.(Signed) [Signature] M. D.
1924 (Address) Greenville 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. In the State.....yrs.....mos.....ds.Where was disease contracted, if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL West End Burial yard DATE OF BURIAL Nov-19 192420 UNDERTAKER James E. Lutz ADDRESS Central City Ky

WRITE 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 terms, so that it may be properly classified. E. A. statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR INDEXING