

PLACE OF DEATH

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

County *Muhlenberg*

CERTIFICATE OF DEATH

File No. *17995*

Vet. Pot. *12*

Registration District No. *33*

Registered No. *78*

Ino. Town *Benton*

Primary Registration District No. *18*

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

City

(No. St., Ward)

FULL NAME *Marcia Mediance Clark*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*

DATE OF DEATH *June 30, 1917*  
(Month) (Day) (Year)

DATE OF BIRTH *Sept 5, 1833*  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *May 10, 1917*, to *June 30, 1917*, that I last saw her alive on *June 28, 1917*, and that death occurred on the date stated above at *3 a.m.* The CAUSE OF DEATH\* was as follows:

AGE *84 yrs. 9 mos. 22 ds.* IF LESS than 1 day ... hrs. or ... min.?

*Chronic Gastritis and Infirmities of old age*  
(Duration) *6 mos. 10 ds.*

OCCUPATION (a) Trade, profession, or particular kind of work *none* (b) General nature of industry business or establishment in which employed (or employer)

Contributory (SECONDARY) (Duration) *6 yrs. 6 mos. 10 ds.*  
(Signed) *Le Roy Mollie*, M. D.  
*June 30, 1917* (Address) *Chatham*

BIRTHPLACE (State or country) *Tenn*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

10 NAME OF FATHER *William Butler*

11 BIRTHPLACE OF FATHER (State or country) *Tenn*

12 MAIDEN NAME OF MOTHER *Sallie Woodard*

13 BIRTHPLACE OF MOTHER (State or country) *Tenn*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death *6 yrs. 6 mos. 10 ds.* In the State *6 yrs. 6 mos. 10 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) *J. S. Clark*

(Address) *Benton, Ky*

19 PLACE OF BURIAL OR REMOVAL *Dover G. Fair* DATE OF BURIAL *July 5, 1917*

15 Filed *6-30, 1917* *W. H. Moore* REGISTRAR

20 UNDERTAKER *J. L. Thomas* ADDRESS *Chatham*

15. Every item of information should be carefully checked. All checks included EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly reported. Exact statement of OCCUPATION to very important. See instructions on back of certificate.