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Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

Registered No. 172

1. PLACE OF DEATH
County Muhlenberg
Registation District No. 1180
Ino. Town Lenora, Ky Primary Registration District No. 7507
City _____ (No. _____ St. _____ Ward _____)
If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Quintus C. Clark(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (if nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH Aug 20 - 18697. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
70 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE

13. NAME B. M. Clark

14. BIRTHPLACE

15. MAIDEN NAME Quintus Atkins

16. BIRTHPLACE

17. INFORMANT W. S. Clark(Address) Lenora, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Own Farm Date 5-6, 194019. UNDERTAKER Triskin Funeral Home(Address) Central City, Ky.20. FILED 5/7/40 W. S. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5-6, 194022. I HEREBY CERTIFY, That I attended deceased from 1935, 19 to 5-6-40, 19 I last saw him alive on 5-5, 1940. Death is certified to have occurred on the date stated above, at 6:30 P.M.. The principal cause of death and related causes of importance in order of onset were as follows:Senility
Progressive muscular atrophy (degenerative)

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ date of injury _____ 19

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify 8323(Signed) Dr. M. S. Clark, M. D.(Address) Lenora, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.