

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

Form V. S. 1-A—50m—11-1-20

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24637  
File No. \_\_\_\_\_

1 PLACE OF DEATH  
County Muhlenberg  
Vet. Pet. Penrod Ky Registration District No. 1  
Inc. Town \_\_\_\_\_ Primary Registration District No. 2867  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. \_\_\_\_\_

2 FULL NAME Winfield Scott Clark  
(a) Residence. No. Penrod Ky Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)  
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 <u>Male</u>	4. COLOR, OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write in ward) <u>Single</u>		
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Single</u>				
6. DATE OF BIRTH (month, day, and year) <u>Aug 18 1885</u>				
7. AGE	Years <u>81</u>	Months <u>1</u>	Days <u>16</u>	LESS than 1 day _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) <u>1929</u>			
11. Total time (years) spent in this occupation <u>25</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Penrod, Ky</u>				
MOTHER/FATHER	13. NAME <u>Phillip B. Clark</u>			
	14. BIRTHPLACE (city or town) (State or country) <u>Christian Co Ky</u>			
	15. MAIDEN NAME <u>Mary Susan Adams</u>			
	16. BIRTHPLACE (city or town) (State or country) <u>Christian Co Ky</u>			
17. INFORMANT (Address) <u>Phillip Beverly Baker Penrod Ky</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Penrod, Ky</u> 19 <u>1933</u>				
19. UNDERTAKER (Address) <u>Victor Jenkins Beach Creek, Ky</u>				
20. FILED <u>1933</u> <u>11-12-59</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Oct 2, 1933</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 30, 1933</u> to <u>Oct 2, 1933</u> . I last saw him alive on <u>Sept 30, 1933</u> , death is said to have occurred on the date stated above, at <u>3 p</u> m. The principal cause of death and related causes of importance in order of onset were as follows:	
Date of onset <u>Progressive Paralysis</u> <u>10/2/33</u>	
<u>Cause not known</u>	
Contributory causes of importance not related to principal cause: <u>Senility</u> <u>10/2/33</u>	
Name of operation <u>None</u>	Date of <u>None</u>
What test confirmed diagnosis? <u>Symptoms</u>	Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <input checked="" type="checkbox"/> Date of injury <u>None</u>	
Where did injury occur? <u>None</u> (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place. <u>No injury</u>	
Manner of injury <u>no injury</u>	
Nature of injury <u>no injury</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>none</u>	
(Signed) <u>H. D. Newman</u>	M. D.
(Address) _____	

185-26  
11-12-59