

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

11741

File No.

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct.
Inc. Town Central City
City (No. St. Ward)

Registration District No. 1087
Primary Registration District No. 2d.35.

Registered No. 27
(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME William Hughes Clay

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIAGE Married
(Single, Married, Widowed or Divorced) (Write the word)
6 DATE OF BIRTH July 31, 1913
(Month) (Day) (Year)
7 AGE 63 yrs. 8 mos. 10 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION (a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Louisville Ky

10 NAME OF FATHER Edward H. Caloske

11 BIRTHPLACE OF FATHER (State or country) Lexington Ky

12 MAIDEN NAME OF MOTHER Mary Noble

13 BIRTHPLACE OF MOTHER (State or country) Lexington Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. G. Kollmann
(Address) Bolconda Old

15 Filed 4/2 - 1927 A. L. Crawford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 10, 1927
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from April 6, 1927 to April 10, 1927, that I last saw her alive on April 10, 1927, and that death occurred on the date stated above at home

The CAUSE OF DEATH* was as follows:
Persepsis
(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) Harry J. Gentry M. D.
April 10, 1927 (Address)
*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 in the of place yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted,

If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fairmount Cemetery 4-12-1927

20 UNDERTAKER ADDRESS
Arthur S. Moseley Central City Ky

MAKERS RESERVED FOR READING

WRITE PLAIN INK 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. Do not state statement of OCCUPATION is very important. See instructions on back of certificate.