

23854

Form V. S. 1-50m-10-23-25

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

1 PLACE OF DEATH  
Luhlenberg

County \_\_\_\_\_

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

Vol. Pct. \_\_\_\_\_

Registration District No. 1093

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

Inc. Town \_\_\_\_\_

Primary Registration District No. 2484City Greenville

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME Thomas Foster Clemmons

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ or Divorced \_\_\_\_\_ or \_\_\_\_\_ (Write the word) widower

5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH October 29, 1849  
(Month) (Day) (Year)

7 AGE 77 yrs. 11 mos. 38 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED  
(a) Trade, profession or Coal Miner  
particular kind of work \_\_\_\_\_

(b) General nature of Industry,  
business or establishment in  
which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town)  
(State or country) Luhlenberg County

10 NAME OF FATHER Comodore Perry Clemmons

11 BIRTHPLACE OF FATHER (city or town).  
(State or country) Meade County, Ky.

12 MAIDEN NAME OF MOTHER Cindy Gwillum

13 BIRTHPLACE OF MOTHER (city or town).  
(State or country) Meade County, Ky.

14 (Informant) James N. Clemmons

(Address) Greenville, Kentucky

15 Filed 10/26/19 C. B. Wickliffe,

By M. Wells, Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 26, 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased  
from Oct 20, 1927, to Oct 26, 1927  
that I last saw him alive on Oct 26, 1927  
and that death occurred on the date stated above at 2:45 p.  
The CAUSE OF DEATH\* was as follows:

Choking from being struck by Automobile  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

Contributory (Secondary) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED  
if not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_

(Signed) E. P. Post, M. D.  
adse, 1927. (Address) Greenville Ky.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Mercer Grave Yard Oct. 27, 1927

20 BURIAL ADDRESS  
Green P. Post  
Greenville, Ky.

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