

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3624

PLACE OF DEATH

Middlesboro

Via Post 16Registration District No. 7124

File No. _____

Iss. Town _____

Primary Registration Dist. No. 16

Registered No. _____

City _____ (No. _____ St. _____ Ward _____) If death occurred in a hospital or institution, give the name and number.FULL NAME Frank Pinner Crick

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

DELAY

SEX Male COLOR OR RACE White MARRIAGE Married
IF MARRIED, INDICATE BY CHECKING IN SPACES (Write the word)DATE OF DEATH 1-6-1916
(Month) (Day) (Year)DATE OF BIRTH 3-26-1847
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

July 15, 1910, to Jan 6, 1916,that I last saw him alive on Jan 6, 1916,and that death occurred, on the date stated above, at 6 P.M.AGE 61 yrs. 2 mos. 10 ds. IF LESS THAN 1 day... hrs. or... min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION
(a) Trade, profession, or particular kind of work Coal Miner
(b) General nature of industry, business, or establishment in which employed (or employer)ParalysisBIRTHPLACE (State or country) Penn...... (Duration) 1 yrs. 1 mos. 0 ds.NAME OF FATHER Ed Crick

Contributory (Secondary) _____ (Qualities) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE OF FATHER (State or territory) Penn.(Signed) D. H. Traub, M. D.MOTHER'S NAME OF MOTHER Mabel Hoover1-7-1916 (Address) MiddlesboroBIRTHPLACE OF MOTHER (Commonwealth) West Va.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(10) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Foreign Residents) _____ In the

At place _____ In the

State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

(Signature) Chas. Williams

DATE OF BURIAL OR REMOVAL

1-7-1916(Address) Middlesboro

NAME OF UNDERTAKER

Martin Moore

ADDRESS

City, Ky

REGISTRAR