

Community of Kentucky
STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Mullinburg
Vol. No. 100
Inc. Town Clinton
City Clinton

Registration District No. 871
Primary Registration District No. 7122

File No. 2508
Registered No. 2508

(If death occurred in a hospital or institution give the name and street and number.)

3 FULL NAME Willis Duke

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>male</u>	4 COLOR OR RACE <u>col</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
6 DATE OF BIRTH <u>31</u> <u>June</u> <u>1873</u> (Month) (Day) (Year)		
7 AGE <u>44</u> yrs. <u>11</u> mos. <u>16</u> ds.		8 IF LESS THAN 1 day, 1 hr. or 1 min?
9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>boat-mine</u>		

10 PARENTS	10 NAME OF FATHER <u>Taylor-Dukes</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Mullinburg</u>
	12 MAIDEN NAME OF MOTHER <u>Mollie Dukes</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Mullinburg</u>
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Pearl Dukes</u> (Address)

15 Filed 1/6 1918 by W. M. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Jan 6 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1917, to Jan 6 1918, that I last saw him alive on Jan 6 1918, and that death occurred on the date stated above at 2 30 m. The CAUSE OF DEATH* was as follows:
Chorea of Basalganglia

(Duration) ... yrs. 2 mos. 10 ds.

Contributory (Secondary)

(Signed) LeRoy Milled M. D.
Jan 9 1918 (Address) Clinton

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCIENTS OR RESORT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
Clinton Ky.

DATE OF BURIAL
Jan 7 1918

20 UNDERTAKER
Jan. E. Long

ADDRESS
Cremille

WRITE PLAINLY WITH UNFADING INK—THIS IS A PUBLIC RECORD
N. B.—Every item of information should be correctly supplied. Ask through the Registrar the exact 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.
MARRIAGE REGISTERED FOR SERVICE