

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

of Muhlenberg

Vot. Prec.

Inc. Town

Clinton

City

(No. _____ St.; _____ Ward)

2 FULL NAME

Robert Taylor Larkin

File No.

23981

Registered No.

73

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE Caucasian	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Single		
6 DATE OF BIRTH June 16, 1911 (Month) (Day) (Year)		
7 AGE 1 yrs. 3 mos. 15 ds.		If LESS than 1 day - hrs. or min.?

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

none

9 BIRTHPLACE (state or country)

Ky.

PARENTS	10 NAME OF FATHER Taylor Larkin
	11 BIRTHPLACE OF FATHER (State or country) Ky.
	12 MAIDEN NAME OF MOTHER Della Howell
	13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Robert Larkin
Clinton Ky.

Filed

Oct. 12, 1912 W. H. Moore

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DELAY

16 DATE OF DEATH

Sept 30, 1912
(Month) (Day) Year

17 I HEREBY CERTIFY, That I attended deceased from

Sept 20, 1912, to Sept 30, 1912,
that I last saw him alive on Sept 30, 1912,
and that death occurred, on the date stated above, at 1:00 p.m.

The CAUSE OF DEATH* was as follows:

Gastroenteritis

(Duration) - yrs. - mos. 15 ds.

Contributory

SECONDARY

(Duration) - yrs. - mos. - ds.

(Signed)

L. Roy Willis, M. D.

Oct 1, 1912 (Address) Clinton Ky.

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

(1c) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT 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

Wesley B. Ford

DATE OF BURIAL

10-1, 1912

20 UNDERTAKER

J. L. Thomas

ADDRESS

Clinton Ky.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S.—Every item of information should be carefully verified. AGE should be stated 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.