FORM V S 1-300M. 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 25973

Registered No. 27

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Hillside

Registration District No. 7136

Inc. Town ....

Primary Registration District No. 16

City .... (No. .... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clifford McDowell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May (Month) 7 (Day), 1906 (Year)

7 AGE: 6 yrs. 5 mos. 20 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer) ....

9 BIRTHPLACE (State or country): Muhlenberg County Ky

PARENTS

10 NAME OF FATHER: Flint McDowell

11 BIRTHPLACE OF FATHER (State or country): ~~Muh~~ Caldwell Co. Ky

12 MAIDEN NAME OF MOTHER: Lena Jenkins

13 BIRTHPLACE OF MOTHER (State or country): Muh. Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John McDowell

(Address) Hillside Ky

15 Filed 10/28, 1912 Mrs Wm Houston By W. H. Baumer Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 27 (Day), 1912 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1912, to Oct 27, 1912, that I last saw him alive on Oct. 27, 1912, and that death occurred on the date stated above at 3 p.m. The CAUSE OF DEATH* was as follows:

Bronco-Pneumonia

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

Contributory (SECONDARY) Pertussis

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

(Signed) T. J. Slaton M.D.

Oct 28, 1912 (Address) Greenville Ky.

*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 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: Dovey Grave Yard

DATE OF BURIAL: Oct. 28, 1912

UNDERTAKER: Oren L. Roark

ADDRESS: Greenville Ky.

11—3154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.