

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County *Muhlenberg*

Vet. Pot. *2*

Ino. Town *Clinton*

City (No. St., Ward)

Registration District No. *2035*

Primary Registration District No.

File No. *9557*

Registered No. *168*

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

2 FULL NAME *Harrett McTearden*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *Black* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*
(Write the word)

16 DATE OF DEATH *Mar 31 1920*
(Month) (Day) (Year)

6 DATE OF BIRTH
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Mar 7 1920*, to *Mar 31 1920*, that I last saw h. *alive* on *Mar 7 1920*, and that death occurred on the date stated above at *6 a.m.* The CAUSE OF DEATH* was as follows:
Malarial fever.

7 AGE
..... yrs. mos. 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)

(Duration) yrs. mos. ds.
Contributory (SECONDARY)
(Signed) *C. D. Allison*, M. D.
3/31/1920 (Address) *Clinton Ky*

9 BIRTHPLACE (State or country) *Kentucky*

10 NAME OF FATHER *Dnt Turner*

11 BIRTHPLACE OF FATHER (State or country) *Dnt Turner*

12 MAIDEN NAME OF MOTHER *Dnt Turner*

13 BIRTHPLACE OF MOTHER (State or country) *Dnt Turner*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Frank Hayden*
(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.

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

15 Filed *4-2-1920* with *W. H. Moore*
REGISTRAR

16 PLACE OF BURIAL OR REMOVAL *Clinton* DATE OF BURIAL *April 2 1920*
UNDERTAKER *Wagner* ADDRESS *Clinton*

WRITE PLAINLY. IN UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be given 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. MARGIN RESERVED FOR BINDING.