

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2069

1 PLACE OF DEATH

County Martinburg

Vet. Pot. S. C.

Ino. Town W. G.

City W. G. (No. 4)

Registration District No. 9811

Primary Registration District No. 1085

File No. 6

Registered No. 2

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

3 FULL NAME C. L. McKowan

PERSONAL AND STATISTICAL PARTICULARS

5 SEX Male 4 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH January 8th, 1842
(Month) (Day) (Year)

7 AGE 82 yrs. 7 mos. 18 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) St. Joe Missouri

10 NAME OF FATHER Parents died when

11 BIRTHPLACE OF FATHER (State or country) an infant Texas

12 MAIDEN NAME OF MOTHER Raised by Rev. Louis Haddy, a half

13 BIRTHPLACE OF MOTHER (State or country) brother.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. C. L. McKowan

(Address) So. Carrollton, Ky.

15 Filed Jan. 27, 1924 W. H. Hays REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 26, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1923 to Jan. 26, 1924 that I last saw him alive on Jan. 25, 1924 and that death occurred on the date stated above at 2:00 p.m. The CAUSE OF DEATH* was as follows:

Fibroid Cancer

(Duration) 7 yrs. 7 mos. 18 ds.

Contributory Lakriphe last
(SIGNARY) Feb. 1923
(Signed) J. H. Barner M. D.
Jan. 26, 1924 (Address) So. Carrollton, 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 7 yrs. 7 mos. 18 ds. State 7 yrs. 7 mos. 18 ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL So. Carrollton DATE OF BURIAL Jan. 27, 1924

20 UNDERTAKER McKowan Undertaking Co. ADDRESS Central City

N. B.—Every item of information should be carefully supplied. Where possible, the CAUSE OF DEATH should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Occupation is very important. See instructions on back of certificate.