

Crowder 2081
 State File No. _____
 Registrar's No. 13

DELAY COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Form V. S. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH
 (a) County Madison
 (b) City or town Shakesboro Ky
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution:
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community _____
 (Year, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Ky (b) County Muhlen
 (c) City or town Shakesboro Ky
 (If outside city or town limits, write RURAL)
 (d) Street No. _____
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A.? _____ yrs

3(a) FULL NAME Clay Lacey M^c Neiley
 3(b) If veteran, _____ 3(c) Social Security No. _____

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife _____
 6(c) Age of husband or wife if alive _____ Years
 7. Birth date of deceased Feb 15 - 1879
 (Month) (Day) (Year)

8. AGE: 67 Years 10 Months 6 Days If less than one day _____ hr. _____ min.

9. Birthplace Franklin, Ky

10. Usual occupation miner

11. Industry or business _____

FATHER 12. Name Samuel M^c Neiley

13. Birthplace Ky

MOTHER 14. Maiden name Mary Ann Jackson

15. Birthplace Ky

16(a) Informant's own signature Paul Ray Dickerson
 (b) Address Shakesboro, Ky.

17. BURIAL, CREMATION, OR REMOVAL
 Place Chavez Date Dec 22, 1946

18(a) Signature of Central Funeral Home
 (b) Address Central City, Ky

19(a) January 3, 1947 (Date received by local registrar) Anna L. [Signature] (Registrar's signature)

20. DATE OF DEATH Dec 21 1946
 MEDICAL CERTIFICATION

21. I hereby certify that I attended the deceased from 1-1-1946 to Dec 21 1946 that I last saw him alive on Dec 13 1946 and that death occurred on the date stated above at R. A. M.

Immediate cause of death Polio carcinoma
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
 Of operations 46 E
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature P. G. Crowder (M. D. or other)
 Address Central City, Ky Date signed _____

MARGIN RESERVED FOR BINDING

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

12/21/46
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