

STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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1 PLACE OF DEATH
County of Washburn
Vol. No. 15 Registering District No. 2130
Inc. Town Clifton, Ky. Primary Registration District No.
City (No. St. Ward)
2 FULL NAME Gustave McQuinn

File No.
Registered No. 87
(If death occurred in a hospital or institution, give the full name of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
6 DATE OF BIRTH Unknown
7 AGE 4.1 yrs. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work... Housekeeper
(b) General nature of industry, business or establishment in which employed (or employer) ...
9 BIRTHPLACE (State or country) Virginia
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Howard H. Harper
(Address) Clifton, Ky.
15
Filed 3-14-, 1917 W. A. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 13, 1917
17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1917, to March 13, 1917, that I last saw her alive on March 12, 1917, and that death occurred on the date stated above at 6.00 p.m. THE CAUSE OF DEATH* was as follows:
Stomach followed by nephritis
(Duration) ... yrs. 2 mos. 3 ds.
Contributory Chronic nephritis
(Secondary) (Duration) ... yrs. ... mos. 20 ds.
(Signed) L. P. O. of McMillin, M. D.
March 12, 1917 (Address) Clifton, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from UNKNOWN CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TOURS, VISITS 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 ...

19 PLACE OF BURIAL OR REMOVAL Wickliffe, Ky. DATE OF BURIAL March 14, 1917
20 UNDERTAKER J. K. Thomas ADDRESS Clifton

WRITE PLAINLY WITH INK—FILL IN ALL SPACES ACCURATELY. RETURN TO BUREAU OF VITAL STATISTICS, STATE DEPARTMENT OF HEALTH, WASHINGTON, D. C. IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM, WRITE TO THE BUREAU OF VITAL STATISTICS, STATE DEPARTMENT OF HEALTH, WASHINGTON, D. C. THIS FORM IS VERY IMPORTANT. THE INFORMATION ON THIS FORM IS USED FOR THE NATIONAL VITAL STATISTICS.