

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4893

File No. 7101

Registered No. _____

1 PLACE OF DEATH

County MagallowayVot. Pot. Green 1stRegistration District No. 1095

Ine. Town _____

Primary Registration District No. 19

City _____

(No. _____ St. _____ Ward)

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

2 FULL NAME Geo Gordon Clayton

(a) Residence. No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH Feb 20th 1930
(Month) (Day) (Year)7 AGE 0 yrs. 0 mos. 0 ds. IF LESS than 1
day _____ hrs.
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) _____
(State or country) Kentucky10 NAME OF FATHER Lewis Clayton11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Kentucky12 MAIDEN NAME OF MOTHER Etha Perdue13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Kentucky14 (Informant) George Blackburn
(Address) Central City, Ky15 Filed Feb 24, 1930 Alan Napier
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 20th, 1930
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Stillborn - Still Born
(Duration) _____ yrs. _____ mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Philip D. Harvey, M. D._____, 19____ (Address) Nelson, Ky

*State the Disease Causing Death, or, in deaths from violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Green Cemetery DATE OF BURIAL 2/24, 193020 UNDERTAKER E. J. Anderson ADDRESS Central City, Ky.

MARGIN RESERVED FOR RECORDS

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.