

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

5055

PLACE OF DEATH
County Muhlenberg
Vet. Post Rosewood
Inc. Town
City No. St., Ward

Registration District No. 109
Primary Registration District No. 2570

File No. 1
Registered No. 6270

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

2 FULL NAME Clyde Evans Stanley Jr.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M.</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>Jan 26</u> , 19 <u>26</u> (Month) (Day) (Year)		
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)		
9 BIRTHPLACE (State or country) <u>Muhlenberg Co. Ky</u>		
10 NAME OF FATHER <u>Clide C. Stanley</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co. Ky</u>		
12 M A I D E N N A M E OF M O T H E R <u>Margie Spivey</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg Co. Ky</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clide C. Stanley
(Address) Greenville Ky.

15 Filed March 3, 1926 Florence Thomas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 2, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926, to Feb 2, 1926, that I last saw him alive on Feb 1, 1926, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:
Dr. illness to take Army
nominal
(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) mos. ds.

(Signed) L. A. Whitaker M. D.
Feb. 3, 1926 (Address) Greenville

*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 yrs. mos. ds. In the State of yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL High Creek
DATE OF BURIAL 2/2, 1926
ADDRESS Victor Justice Beck Creek

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. See instructions on back of certificate.