

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MitchellVot. Pct. Beech. Ct. 100

Inc. Town.....

City.....

Registration District No. 1092Primary Registration District No. 68280

(No. St. Ward)

2 FULL NAME

Mrs. Beulah TuckerFile No. 27649

Registered No.....

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single Married Widowed or Divorced (Write the word)
	<u>white</u>	
6 DATE OF BIRTH	<u>May 3<sup>rd</sup> 1904</u> (Month) (Day) (Year)	
7 AGE	IF LESS than 1 day ..... hrs. or ..... min?	
<u>21</u> yrs. <u>6</u> mos. <u>27</u> ds.		
8 OCCUPATION	(a) Trade, profession or particular kind of work. <u>housewife</u>	
	(b) General nature of industry, business or establishment in which employed (or employer).....	
9 BIRTHPLACE (State or country)	<u>Morgan Co Tenn</u>	
PARENTS	10 NAME OF FATHER	<u>John Clark</u>
	11 BIRTHPLACE OF FATHER (State or country)	<u>Morgan Co Tenn</u>
	12 MAIDEN NAME OF MOTHER	<u>Mary Lizzie Eads</u>
	13 BIRTHPLACE OF MOTHER (State or country)	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. W. Clark  
(Address) Occombe Ave 1515 Filed 12/7, 1925 J. W. Clark  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	<u>11 30</u> , 192 <u>5</u> (Month) (Day) (Year)
17	I HEREBY CERTIFY, That I attended deceased from <u>June</u> , 192 <u>5</u> , to <u>Nov 30</u> , 192 <u>5</u> , that I last saw him alive on <u>Nov 30</u> , 192 <u>5</u> , and that death occurred on the date stated above at <u>10</u> a.m.
The CAUSE OF DEATH* was as follows: <u>Pulmonary Embolism</u> <u>Illness</u> (Duration) ..... yrs. <u>6</u> mos. .... ds.	
Contributory (Secondary)..... (Duration) ..... yrs. .... mos. .... ds.	
(Signed) <u>W. A. Porter</u> , M. D. <u>12/2</u> , 192 <u>5</u> (Address) <u>Beulah</u>	
*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. State..... yrs. .... mos. .... ds.

Where was disease contracted,

if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Highway Cr. Dec 1, 1925

20 UNDERTAKER

ADDRESS

L. H. Stuart Beech Creek

WRITE PLAINLY, 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.