

PLACE OF DEATH

County Muhlenberg

CERTIFICATE OF DEATH

Vol. Pat. Hellsville #10 Reg Dist 7136

File No. 15790

Ino. Town

Registered No. 20

City (No. St. Ward)

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

FULL NAME Clyde Waters

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH 1 (Month) (Day) (Year)

7 AGE 38 yrs. mos. ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Merchant (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Logan Co. W. Va.

10 NAME OF FATHER Bruce Waters

11 BIRTHPLACE OF FATHER (State or country) Logan Co. W. Va.

12 MAIDEN NAME OF MOTHER Harris

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. H. Dross (Address) Greenville Ky.

15 Mrs. W. M. Hamilton

Filed June 14, 1917 J. H. Brantline REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH June 11, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1917, to June 11, 1917, that I last saw him alive on June 10, 1917, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. ds. Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) C. B. Martin, M. D. June 11, 1917 (Address) Greenville Ky.

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

19 PLACE OF BURIAL OR REMOVAL At Hellsville DATE OF BURIAL June 12, 1917

20 UNDERTAKER Ed Roark ADDRESS Greenville

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. D.—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.