

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26209

1 PLACE OF DEATH  
County Muhlenberg

File No. \_\_\_\_\_

Vot. Pct. \_\_\_\_\_

Registration District No. 1087Registered No. 117

Inc. Town \_\_\_\_\_

Primary Registration District No. 2435City Central City, Ky

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME Clinton K. Watkins

(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 Married  
Married  
Widowed  
or Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6 DATE OF BIRTH Dec 19-1851  
(Month) (Day) (Year)7 AGE 72 yrs. 10 mos. 12 ds.  
IF LESS than 1  
day..... hrs.  
or..... min?8 OCCUPATION OF DECEASED  
(a) Trade, profession or  
particular kind of work Minister  
(b) General nature of industry,  
business or establishment in  
which employed (or employer)9 BIRTHPLACE (city or town)  
(State or country) GeorgiePARENTS  
10 NAME OF FATHER C. K. Watkins  
11 BIRTHPLACE OF FATHER (city or town)  
(State or country) unknown  
12 MAIDEN NAME OF MOTHER Lettie Drummond  
13 BIRTHPLACE OF MOTHER (city or town)  
(State or country) Unknown14 (Informant) Mrs Roy Milam  
(Address) Beck Creek Ky15 Filed Nov 1, 1934 A. L. Blandford  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 31, 1934  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from Oct 1, 1933, to Oct 30, 1934,  
that I last saw him alive on Oct 30, 1934,  
and that death occurred on the date stated above at 12:40 PM.  
The CAUSE OF DEATH\* was as follows:  
Cancer of growth in left groin(Duration) 1 yrs. 6 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) John P. Walton, M. D.  
Oct 31, 1934 (Address) Central City 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 addi-  
tional space.)19 PLACE OF BURIAL OR REMOVAL Union Ridge DATE OF BURIAL Nov 1, 1934  
20 UNDERTAKER J. B. Tucker ADDRESS Bremen Ky

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. Ex. statement of OCCUPATION is very important. See instructions on back of certificate.

MADE REPRODUCED FOR THE