

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

1 PLACE OF DEATH
County Nelson
Vot. Pot. New Hope
Ino. Town
City (No. St.) Ward

File No. 162602Registered No. 10

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

2 FULL NAME Carbarn Jane Clark

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If $\frac{1}{2}$ the word) widow

6 DATE OF BIRTH 2 1 1938
(Month) (Day) (Year)

7 AGE 76 yrs. 108 mos. 24 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Janitor's wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Nelson Ky

10 NAME OF FATHER Will Peak

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Edelen

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pat Clark(Address) Holy Cross Ky

15 Filed 10/26 1914 C. Y. Bacon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH 10 25 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1914, to Oct, 1914, that I last saw her alive on Sept 2, 1914, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH* was as follows:

Infirmity of Old Age

(Duration) yrs. mos. ds.

Contributory Dropsy
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) L. D. Mudd, M. D.

Oct 25, 1914 (Address) Holy Cross 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 Holy Cross Ky DATE OF BURIAL Oct 26, 1914

20 UNDERTAKER Chas. Coyle ADDRESS New Hope Ky

MARGIN RESERVED FOR BINDING

WRITE PLAIN 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.