

Registration District No. 1085Primary Registration District No. 2456

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Central City
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:(If not in hospital or institution write street number or location)
(d) Length of stay: in hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Franklin
(c) City or town Central City
(If outside city or town limits write RURAL)
(d) Street No. _____
(e) If foreign born, give _____ years3(a) FULL NAME James L. Barclay

3(b) If veteran, Name war _____

3(c) Social Security No. None4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Married5(b) Name of husband or wife Annie Rose
5(c) Age of husband or wife if alive _____ Years7. Birth date of deceased Mar 7 1867
(Month) (Day) (Year)8. AGE: Years 74 Months 2 Days 8 If less than one day _____ hr. _____ min.9. Birthplace Fairfield KY10. Usual occupation carpenter11. Industry or business None12. Name Jacob Barclay13. Birthplace Kentucky14. Maiden name Eliza Tomblauer15. Birthplace Kentucky16(a) Informant's own signature James J. T. Barclay(b) Address Central City

17. BURIAL, CREMATION, OR REMOVAL

Home Hill Burial Date 2-17-194218(a) Signature of funeral director J. J. Anderson(b) Address Central City Ky19(a) 3-10-42 (Date received by local registrar) James Barclay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15th 1942
21. I hereby certify that I attended the deceased from Feb 14 1942
to Feb 15 1942 that I last saw him alive on Feb 15 1942
at 8:45 P.M. and that death occurred on the date
stated above at 8:45 P.M.Immediate cause of death Cerebral thrombosisDue to Cerebral thrombosis

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? in or about home, on farm, in industrial place
in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. J. Anderson (M. D. or other)Address: Cerebral City Ky Date signed Feb 15 1942**DELAY**

MARGIN RESERVED FOR BINDING

N. B.—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.