

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County

Vot. Pot.

Inc. Town

City

16818  
File No.

Registered No.

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

FULL NAME

Fred Rice (This is an adopted name)

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male	4 COLOR OR RACE Colored	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6 DATE OF BIRTH Not known (Month) (Day) 1 (Year)		
7 AGE 19 yrs. mos. ds.		If LESS than 1 day hrs., or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work Miner (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) White Plains, Ky.		
PARENTS	10 NAME OF FATHER John Clark	
	11 BIRTHPLACE OF FATHER (State or country) White Plains	
	12 MAIDEN NAME OF MOTHER Alice Eaves	
	13 BIRTHPLACE OF MOTHER (State or country) White Plains	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Eaves.  
(Address) Elk's Valley

15

Filed July 21, 1913

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 21, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Man was drowned, 1913

that I last saw him alive on, 1913

and that death occurred, on the date stated above, at, m.

The CAUSE OF DEATH\* was as follows:

Man was drowned in  
Green River,  
and I only assisted the  
Coroner at autopsy

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Dr. W. H. Wilson, M. D.

191 (Address) Lebanon, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDE.

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the 19 yrs. mos. ds.

Where was disease contracted,

If not at place of death?

Former or usual residence Martwick, Ky.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

B. 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.