

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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

Registered No. 65

## 1. PLACE OF DEATH

County MuhlenbergVot. Post Cash

Ine. Town \_\_\_\_\_

City Central City, Ky.Registration District No. 1087Primary Registration District No. 2435(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Clyde Robinson(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, give city or town and State)Length of residence in city or town where death occurred about 9 yrs. mo. \_\_\_\_\_ da. \_\_\_\_\_  
How long in \_\_\_\_\_ if of foreign birth? yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. Single Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH About 18887. AGE 49 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M. P. A.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) 2 yrs11. Total time (years) spent in this occupation 24 yrs12. BIRTHPLACE Central City, Ky.13. NAME Mark Ramsey14. BIRTHPLACE Don't know15. MAIDEN NAME Mattie Robinson16. BIRTHPLACE Central City17. INFORMANT Sam Mallett(Address) Central City, Ky.

## 18. BURIAL, CREMATION, OR REMOVAL

Place St. Carroll's Date July 6, 193719. UNDERTAKER Greenville Funeral Home(Address) Greenville, Ky.20. FILED 76 1937 U. S. Standard

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 6, 193722. I HEREBY CERTIFY that I attended deceased from July 1, 1937 to July 6, 1937. I last saw him alive on July 6, 1937, death is said to have occurred on the date stated above, at 2:30 a.m. The principal cause of death and related causes of importance in order of onset were as follows:Myocardia Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause:

Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) J. K. Walton, M. D.(Address) Central City, Ky.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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.

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