FORM V S 1-8004

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County ... Allen ... Vot. Pct. ... Reg. Dist. No. ...

Ins. Town ... Primary Registration District No. 2005

City ... Scottsville Ky (No. ... St., ... Ward)

File No. 23

Registered No. [illegible]

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

2 FULL NAME ... Clarissa M. Wilson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Feb 18, 1 (Month) (Day) (Year)

7 AGE: 71 yrs. ... mos. 18 ds. (IF LESS than 1 day ... hrs. or ... min.?)

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

9 BIRTHPLACE (State or country): Kentucky

PARENTS

10 NAME OF FATHER: William Ritchey

11 BIRTHPLACE OF FATHER (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Mary Barstow

13 BIRTHPLACE OF MOTHER (State or country): Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Myrtle Stovall

(Address) Scottsville Ky

15

Filed Nov 10, 1916 W H Rivers

REGISTRAR

11—3164

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar 8, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1916, to Mar 8, 1918, that I last saw h[illegible] alive on Mar 8, 1918, and that death occurred on the date stated above at 8 [illegible] m. The CAUSE OF DEATH* was as follows:

Organic heart disease and
Lobar Pneumonia, and
Exhaustion

(Duration) 2 yrs. ... mos. ... ds.

Contributory (SECONDARY) 1/2 above

(Duration) ... yrs. 1 mos. ... ds.

(Signed) E. L. Rich, M. D.

Mar 8, 1918 (Address) Scottsville 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: Sledge Ground

DATE OF BURIAL: 3/10, 1918

20 UNDERTAKER: Crowe Bros.

ADDRESS: Scottsville Ky

should state CAUSE OF DEATH fully, explain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Instructions on back of certificate.