

WRITE PLAINLY, WITH LEADING 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. That it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of form.

Form V. S. 2001-1-27-27

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7861

1 PLACE OF DEATH

County Warren

Vot. Pct. _____

Registration District No. 1417

File No. _____

Registered No. 71

Inc. Town _____

Primary Registration District No. 2560

City _____

(No. _____ St., _____ Ward)

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

2 FULL NAME Clifton, Jessie Alford

(a) Residence. No. _____

(Usual place of abode)

St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Status: Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced

HUSBAND of Maryne Alford
(or) WIFE of _____

6 DATE OF BIRTH Nov-4-1904

(Month) (Day) (Year)

7 AGE 28 yrs. 11 mos. 11 ds.

IF LESS than 1
day _____ hrs.
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Ky.
(State or country)

PARENTS

10 NAME OF FATHER William H. Alford

11 BIRTHPLACE OF FATHER (city or town) Ky.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Jones

13 BIRTHPLACE OF MOTHER (city or town) Ky.
(State or country)

14 (Informant) Mrs. Maggie Cherry

(Address) Richardsville Ky

15 (Date) Mar 4, 1933

Registrar J. H. Brock & Frederick Bowling Green

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 15-1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15-, 1929, to Feb. 16-, 1929 that I last saw him alive on Feb. 15-, 1929 and that death occurred on the date stated above at 6:30 p.m.

The CAUSE OF DEATH was as follows:

Shot wound in abdomen

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Charles Bronson, M. D.

Feb. 16, 1929 (Address) Bowling Green Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL McPheasant DATE OF BURIAL Feb 17, 1929

20 UNDERTAKER J. H. Brock & Frederick ADDRESS Bowling Green