

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27931

County Barren
 Vol. Sanders #12 Registration District No. _____
 Inc. Town _____ Primary Registration District No. 2
 City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution give its NAME instead of street and number)

File No. _____

Registered No. _____

2 FULL NAME James Andrew McClard
 (a) Residence No. _____ 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 Single Single
 Married Single
 Widowed Single
 or Divorced Single
 (Write the word)
 5a If married, widowed, or divorced
 HUSBAND OF _____
 (or) WIFE OF _____
 6 DATE OF BIRTH May 15 1924
 (Month) (Day) (Year)
 7 AGE _____ IF LESS than 1
 day _____ hrs _____
 or _____ min?

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 7 1929
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased
 from Nov 7 1929 to Nov 7 1929,
 that I last saw him alive on _____, 19____,
 and that death occurred on the date stated above at _____ m.
 The CAUSE OF DEATH* was as follows:

Physemic Blood Disease
 (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory (Secondary) _____
 (Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death Home

Did an operation precede death? _____ Date of _____

Was there an autopsy? noWhat test confirmed diagnosis? Physical(Signed) Lyleon R. Richards, M. D.Nov 7 1929 Glasgow

(State the Disease Causing Death, or in deaths from Violent
 Death, state (1) PLACE OF INJURY and (2) whether
 accidental, suicidal or homicidal, also any possible
 additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Nov 8 1929

20 UNDERTAKER ADDRESS

J.P. Williams & Co Glasgow

14 (Informant) Mrs. Eva P. Dickson
 (Address) Glasgow R.T.D

15 _____

Filed 1929 Registrar

WRITE PLAINLY. WITH UNFADING 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, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKING RESERVED FOR HINDING