

COMMONWEALTH OF KENTUCKY
Department of Health
OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

Registered Number **50** County Registration District No. **2027**

1. PLACE OF DEATH
(a) County **Bath**
(b) City or town **Salt Lick**
(c) Name of hospital or field, flat
(d) If not in hospital or institution write (street number or location)
(e) Length of stay in hospital or community (specify months or days)

2. USUAL RESIDENCE OF DECEDENT
(a) State **Kentucky** (b) County **Bath**
(c) City or town **Salt Lick**
(d) Name of street
(e) If foreign born, how long in U. S. A.

(c) FULL NAME **Ida Belle McClain**

(1) I relation, **Wife** (2) Social Security Number **No**

3. Sex **Female** (a) Date of birth **June 10 1874** (b) Single, widowed, married, divorced **Widowed**

(c) Name of husband or wife
(d) Age of husband or wife if alive
4. Birth date of decedent **June 10 1874**

5. AGE **66** years **8** months **20** days

6. Birthplace **Kentucky**
7. Usual occupation **Housewife**
8. Industry or business

FATHER (a) Name **W. W. Walker**
(b) Birthplace **Kentucky**

MOTHER (a) Name **Barbara Fisher**
(b) Birthplace **Kentucky**

(c) Informant's name **Mr. W. M. Black**
(d) Address **Salt Lick, Ky**

9. BURIAL CREMATION OR EXPOSURE
Place **Jones Cem** Date **March 7 1941**

(a) Signature of funeral director **James Hardman**
(b) Address **Salt Lick, Ky**

(c) Date received by local registrar **March 7 1941** (d) Registrar's signature **W. S. Bradley**

10. DATE OF DEATH **March 5 1941**

11. I hereby certify that I attended the decedent from **Feb 25 1941** to **March 5 1941** and that death occurred on the date stated above at **7 P.M.**

12. Immediate cause of death
Lobar Pneumonia
Influenza

13. Other causes of death (include pregnancy within 3 months of death)
14. Manner of death:
(a) Of occupation
(b) Of violence

15. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? in or about home, on farm, in industrial plant or public place? (Specify type of place)
(d) While at work? (e) Nature of injury

16. Signature **H. S. Gilmore M.D.** (M. D. or other)
Place **Swingsville Ky** Date signed **March 7-1941**

MARGIN RESERVED FOR SENDING

17. B. WRITE PLAINLY WITH INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. FRYE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.