

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Bath

Vol. Salt Lick

Ino. Town

City

Registration District No. 52

Primary Registration District No. 5106

(No. 51, St., Ward)

File No. 22577

Registered No. 13

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

2 FULL NAME Hala Cristine Clifft

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Girl 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) -

6 DATE OF BIRTH February 11, 1918
(Month) (Day) (Year)

7 AGE 8 yrs. 5 mos. 7 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) Bath Co.

10 NAME OF FATHER Fred Clifft

11 BIRTHPLACE OF FATHER (State or country) Bath Co.

12 MAIDEN NAME OF MOTHER Clara Myers

13 BIRTHPLACE OF MOTHER (State or country) Bath Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Fred Clifft
(Address) Salt Lick

15 Filed July 19, 1919 M. H. Alexander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 18, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1919, to July 18, 1919, that I last saw her alive on July 15, 1919, and that death occurred on the date stated above at 4:30 pm. The CAUSE OF DEATH was as follows:

White Encephalitis
(Duration) 14 ds.

Contributory (Secondary) (Duration) 5 ds.

(Signed) D. H. ... (Address) Farmers

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 Jones Cemetery DATE OF BURIAL July 18, 1919

20 UNDERTAKER Mrs. Vaughn Salt Lick

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
M. B.--Every item of information should be carefully supplied. AGE should be given in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEATH