

Form V. S. 1-4
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH File No. **17910**

1. PLACE OF DEATH
 County **Boone** Registration District No. **62** Registered No. _____
 Twp. No. _____ Primary Registration District No. **4246**

2. FULL NAME **Clyde Stalton** (If deceased in a hospital or institution, give the NAME instead of street and number)
 City _____ Ward _____

3. DATE OF DEATH **July 7 1936**
 I HEREBY CERTIFY that the above is a true and correct statement of the facts as stated above, as far as I know.
 The principal cause of death and related causes of importance in order of rank were as follows:
Pulmonary Tuberculosis Date of onset _____

PERSONAL AND STATISTICAL PARTICULARS

4. SEX **Male** 5. COLOR **White** 6. MARRIAGE **Single**
 7. AGE **17** 8. BIRTH **9** 9. YEAR **1918**

10. BIRTHPLACE **Kentucky**

11. NAME **William Stalton**

12. BIRTHPLACE **Kentucky**

13. MARRIAGE **Mary Cashwell**

14. BIRTHPLACE **Kentucky**

15. INFORMATION **William Stalton Boone Sch. Ky**

16. BIRTH **June 8 1918**

17. NAME **Barnes, H. H. Johnson**

18. BIRTHPLACE **Boone Sch. Ky**

19. SIGNATURE **J. S. Jones** (Signature)
 (Name) **Boone Sch. Ky** (Address)
 (City) **Booneville, Ky.** (County)

MARGIN RESERVED FOR BINDING
 STATE PLAINLY, WITH UNFOLDING TABS, IS A PERMANENTLY PRESERVED RECORD OF DEATHS IN KENTUCKY. IT IS THE PROPERTY OF THE STATE AND SHOULD BE KEPT IN A SAFE PLACE TO BE PROTECTED FROM LOSS OR DAMAGE.