

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

1 PLACE OF DEATH
 County Bath
 Vol. No. 5106 Registration District No. 32
 Inc. Town: _____ Primary Registration District No. _____
 City _____ No. _____ St. _____ Ward _____

File No. 24652
 Registered No. 17
(If death occurred in a hospital or institution, give the name instead of street and number.)

2 FULL NAME Claddis Montgomery

PERSONAL AND STATISTICAL PARTICULARS

1 SEX female 1 COLOR OR RACE white 2 SINGLE, MARRIED, WIDOWED OR DIVORCED single
(Write the word)

3 DATE OF BIRTH Sept 25, 1918
(Month) (Day) (Year)

4 AGE _____ IF LESS THAN 1 day... hrs. or... mo. ... y. ds.

5 OCCUPATION
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business or establishment in which employed (or employer) _____

6 BIRTHPLACE (State or country) Bath Co., Ky.

7 NAME OF FATHER Wickliff Montgomery
 8 BIRTHPLACE OF FATHER (State or country) Boyd Co., Ky.
 9 MAIDEN NAME OF MOTHER Evelyn Beasley
 10 BIRTHPLACE OF MOTHER (State or country) McCracken County, Ky.

MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH Oct 2, 1918
(Month) (Day) (Year)

12 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1918, to Oct 2, 1918, that I last saw him alive on Oct 2, 1918, and that death occurred on the date stated above at home. The CAUSE OF DEATH* was as follows:
Colic
 (Duration) ... yrs. ... mo. ... d. ds.

Contributory (Secondary) _____ (Duration) ... yrs. ... mo. ... d. ds.

(Signed) C. L. Jones M. D.
Oct 2, 1918 (Address) Salt Lick, Ky.

*State the Immediate Cause, in a few words, together with the Cause of Death (1) Means of Injury, and (2) whether ACCIDENTAL, SUICIDAL, or BOMBICIDAL.

13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAIN SHEDS, OR RECENT RESIDENTS)
 At place of death _____ yrs. ... mo. ... d. ds. In the State _____ yrs. ... mo. ... d. ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

14 IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Wickliff Montgomery
 (Address) Salt Lick, Ky.

15 PLACE OF BURIAL OR REMOVAL Salt Lick, Ky. DATE OF BURIAL Oct 3, 1918

16 UNDER-TAKER Jones & Boyd
McCracken
 (Address) Salt Lick, Ky.

Filed Oct 2, 1918
S. C. Alexander
M. J. Alexander

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 affixed. Exact statement of OCCUPATION is very important. Instructions on back of certificate.