

1. PLACE OF DEATH

County Bath
Vol. Pat. 4048
Inc. Town _____
City _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 1-2
Primary Registration District No. 4045
Registered No. _____

2. FULL NAME Jack Gilbert Click

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (if nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. Has hee in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>		
24. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH <u>Dec. 16/35</u>				
7. AGE	Years	Months	Days	IF LESS than 1 day..... hrs. or..... min.
	<u>1</u>	<u>7</u>		
8. Trade, profession, or particular kind of work done, as spinner, weaver, bookbinder, etc.				
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				
10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 16/37 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14/37 . 1937 to July 14/37 . 1937.
I last saw him alive on July 14/37 1937. Death is said to have occurred on the date stated above, at 8:01 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

<u>Pneumonia (Bronchial)</u>	<u>3 days</u>
<u>Whooping cough</u>	<u>18 days</u>

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 1937
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) D. C. T. Jones M. D.
(Address) Salt Lick, Ky.

12. BIRTHPLACE Bath Co., Ky.

FATHER

13. NAME Paul Tracey Click

14. BIRTHPLACE Bath Co., Ky.

MOTHER

15. MAIDEN NAME Myrtle Hayden

16. BIRTHPLACE Kenton Co., Ky.

17. INFORMANT Maas Click
(Address) Salt Lick, Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Force Date July 17 1937

19. UNDERTAKER Barnes Harrison
(Address) Salt Lick, Ky.

20. FILED July 17 1937 W. L. Reynolds
(Address) Salt Lick, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.