MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. 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 classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V S 1-500M 2-29-12

P

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

File No. 23421

Registered No. 2995

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County Jefferson

Vot. Pct. ..... Registration District No. 550

Ino. Town ..... Primary Registration District No. 66 (3)

City Louisville (No 225 ~~St~~ St Joe St., ... Ward)

2 FULL NAME John Cline

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH ..... Mar. 3rd, 1858
(Month) (Day) (Year)

7 AGE ....58.... yrs. .... mos. .... ds.

IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work ..... Iron Moulder
(b) General nature of industry business or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Ohio

PARENTS

10 NAME OF FATHER John Cline Sr.

11 BIRTHPLACE OF FATHER (State or country) Ohio

12 MAIDEN NAME OF MOTHER Susie Barker

13 BIRTHPLACE OF MOTHER (State or country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. John Cline

(Address) 225 St Joe Ld.

15 [illegible]

Filed ....., 191 .....
REGISTRAR

11—3104

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ..... Sept. 23 ..... 1916.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1916, to Sept 23, 1916, that I last saw her alive on Sept 23, 1916, and that death occurred on the date stated above at .....m. The CAUSE OF DEATH* was as follows:

.....

Pulmonary Tuberculosis

.....

.....(Duration) .... yrs. .... mos. .... ds.

Contributory (SECONDARY) .....

.....(Duration) .... yrs. .... mos. .... ds.

(Signed) W. A. Bunger, M. D.

Sept. 25 1916 (Address) Louisville Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

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	DATE OF BURIAL
Cave Hill	Sept. 25 1916
20 UNDERTAKER	ADDRESS
L. T. Pearson	Louisville Ky.