

Certificate Required for Burial

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

FORM NO. 1, 1905

Commonwealth of Kentucky
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1905

PLACE OF DEATH
County Wiley
Vol. Burrough Springs 251
Incl. Town 5-5-94
City (No.) St. () Ward ()
File No. _____
Registered No. 10
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Arvid J. Overman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
DATE OF BIRTH July 1868 (Month) (Day) (Year)
AGE 42 yrs. mos. ds. IF LESS THAN 1 day... hrs. or... min.
OCCUPATION
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5, 1917 (Month) (Day) (Year)
I HEREBY CERTIFY that I attended deceased from Jan 1, 1916, to July 5, 1917, that I last saw him alive on March 18, 1917, and that death occurred, on the date stated above, at 6 A.M.
THE CAUSE OF DEATH* was as follows:
Cancer of the Larynx
(Detail) ... yrs. mos. ds.

FIRST PLACE (State or country) Wiley Co Ky

PARENTS
1. NAME OF FATHER John Clark
2. BIRTHPLACE OF FATHER (State or country) North Carolina
3. MARRIAGE NAME OF MOTHER Alice String
4. BIRTHPLACE OF MOTHER (State or country) North Carolina

Contributory (Occupation) (Detail) ... yrs. mos. ds.
(Signed) A. H. Hensley, M. D.
July 9, 1917. (Address) Burrough Springs
*State the DISEASE OR INJURY (Death or, in detail, the VITAL CAUSE, state (1) NAME of the injury; and (2) whether ACCIDENTAL, INDIVIDUAL OR INFECTIOUS)

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robert Rowlett
(Address) Burrough Springs
Filed 7-11-1917 L. E. Jones
REGISTRAR

11. LENGTH OF RESIDENCE (For Hospital, Institutions, Transients or Recent Residents)
At place of death ... yrs. mos. ds. In the ... yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence
12. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Woodbine yard Wiley Co. 1917
13. UNDERTAKER ADDRESS
Robt. G. Smith Burrough Springs