

Creighton, Clifford 1891 - 1923

Form V. S. 1-200m-4-19-19

23994
4918 918

COMMONWEALTH OF KENTUCKY
Board of Health
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County **Kenton** File No. _____
City **Covington** (No. **4452 DeCoursey Ave** St., **5** Ward)

2 FULL NAME **Clifford Creighton**

3 SEX **M.** 4 COLOR OR RACE **W.** 5 Single Married Widowed Divorced (Write the word)

6 DATE OF BIRTH **Mar 24th 1891**
(Month) (Day) (Year)

7 AGE **32** yrs. **5** mos. **10** ds. IF LESS than 1 day ____ hrs. or ____ min?

8 OCCUPATION
(a) Trade, profession or particular kind of work **Electrician**
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) **Covington, Ky**

PARENTS

10 NAME OF FATHER **James Creighton**

11 BIRTHPLACE OF FATHER (State or country) **Covington, Ky**

12 MAIDEN NAME OF MOTHER **Margaret Conway**

13 BIRTHPLACE OF MOTHER (State or country) **Covington, Ky**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Clem Bornhorn**
(Address) **4452 DeCoursey Ave**

15 Filed **Sept 4, 1923** Registrar _____

16 DATE OF DEATH **Sep 3th 1923**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **May**, 1923, to **Sep 3**, 1923, that I last/saw him alive on **Sep 12**, 1923, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
(Duration) **10** yrs. ____ mos. ____ ds.
Contributory **Rheumatic Arthritis**,
(Secondary) (Duration) ____ yrs. ____ mos. ____ ds.
(Signed) **Chas H Dwyer**, M. D.
Sep 1, 1923 (Address) **126 Madison**

*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 **Mother of Gods** DATE OF BURIAL **Sep 5th 1923**

20 UNDERTAKER **H Linnemann Sons** ADDRESS **25 E 11th St**

11-2124

N. B.—Every item of information should be carefully supplied. Age, sex, and occupation should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.