

*Clifford, Edward 1865 - 1948*

Cynthiana Democrat – June 3, 1948

CLIFFORD

Funeral services were held Monday at the Smith-Rees Funeral Home for Edward Clifford, 83, who died at Ye Old Folks Lodge Friday, May 28, 1948, after six weeks' illness.

A son of the late Alexander and Nancy Richison Clifford, he was born in Harrison County. His wife, Minnie Belle Turner Clifford, survives him.

Other survivors are four daughters, Mrs. Stella Biancke, Boyd, Ky., Mrs. Dovie Florence, Mrs. Maud Thomas and Mrs. Iva Johnson, all of Cincinnati; two sons, James and Houston Clifford, Cincinnati; a brother, Bob Clifford, Covington; 12 grandchildren and four great grandchildren.

The services were conducted by Rev. Frank King and burial followed in the Curry Cemetery.

Pallbearers selected were Charles Holland, Kellar Ashbrook, Albert Layton, Clarence Whalen, Martin Turner and Forest Ransdall.

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Form V R 1-4  
FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. **9828**  
Registrar's No. **73**

Registration District No. **670** Primary Registration District No. **2240**

1. PLACE OF DEATH:  
(a) County **HARRISON**  
(b) City or town **CYNTHIANA**  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution: **VE OLD FOLKS LODGE**  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community **4 WEEKS**  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **KENTUCKY** (b) County **HARRISON**  
(c) City or town **CYNTHIANA**  
(If outside city or town limits, write RURAL)  
(d) Street No. **LOCUST STREET**  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.7 \_\_\_\_\_ year

3(a) FULL NAME **MR. EDWARD CLIFFORD**  
3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
4. Sex **MALE** 5. Color or race **WHITE** 6(a) Single, widowed, married, divorced **MARRIED**  
6(b) Name of husband or wife **MINNIE BELLE TURNER**  
6(c) Age of husband or wife if alive **?** Years  
7. Birth date of deceased **MAY 18 1865**  
(Month) (Day) (Year)  
8. AGE: Years **83** Months **0** Days **10** If less than one day hr. \_\_\_\_\_ min.  
9. Birthplace **HARRISON COUNTY, KY.**  
10. Usual occupation **VETERINARY VETERINARIAN**  
11. Industry or business **RETIRED**  
FATHER { 12. Name **ALEXANDER CLIFFORD**  
13. Birthplace **KY.**  
MOTHER { 14. Maiden name **NANCY RICHISON**  
15. Birthplace **KY.**  
16(a) Informant's own signature **Martha Florence**  
(b) Address **1126 Clayton St Cincinnati**  
17. BURIAL **CURRY CEMETERY** Date **MAY 31, 1948**  
HARRISON COUNTY, KY. 18(a) Signature of funeral director **SMITH-REES CO., INC.**  
(b) Address **CYNTHIANA, KY.** BY **D. R. Rees**  
19(a) **June 3, 1948** (Date received by local registrar) (b) **Juan McDowell** (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH **MAY 28 1948**  
21. I hereby certify that I attended the deceased from **MARCH 25 1948** to **MAY 28 1948**, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date stated above at **7:15 PM.**  
Immediate cause of death **CEREBRAL HEMORRHAGE** DURATION **10 MIN.**  
Due to **HIGH BLOOD PRESSURE** **2 YRS.**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations **B3A-102**  
Of autopsy \_\_\_\_\_  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature **C. T. Brown** (R. D. \_\_\_\_\_)  
Address **CYNTHIANA, KY.** Date signed **6/1/48**

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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