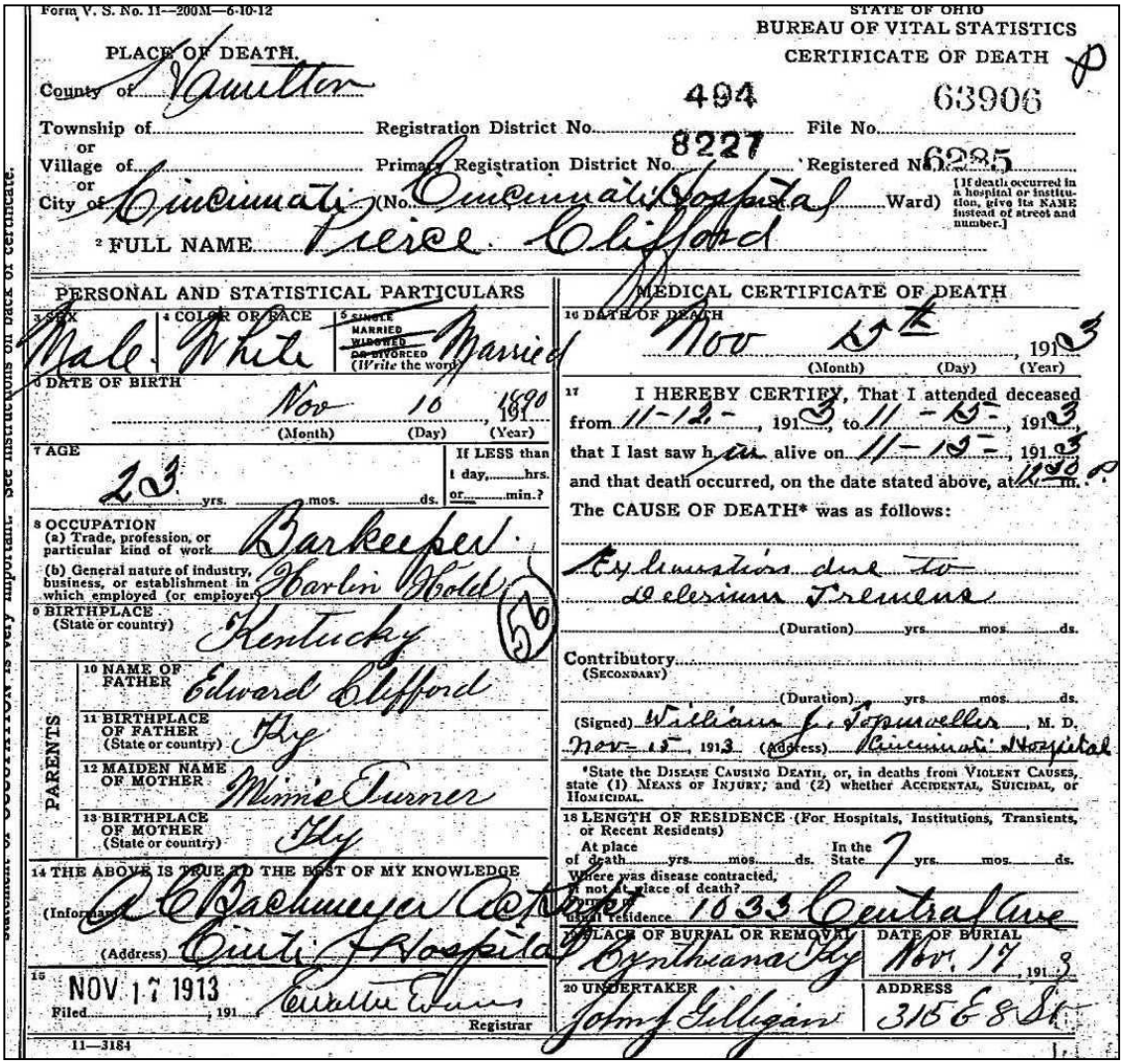

Form V. S. No. 11—200M—6-10-12

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.
County of Hamilton — 494 — 63906
Township of ..... Registration District No. ..... File No. .....
or
Village of ..... Primary Registration District No. 8227 Registered No. 6285
or
City of Cincinnati (No. Cincinnati Hospital Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Pierce Clifford

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE / MARRIED / WIDOWED / DIVORCED (Write the word): Married
6 DATE OF BIRTH: Nov 10, 1890 (Month) (Day) (Year)
7 AGE: 23 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Parlin Hold
9 BIRTHPLACE (State or country): Kentucky

PARENTS
10 NAME OF FATHER: Edward Clifford
11 BIRTHPLACE OF FATHER (State or country): Ky
12 MAIDEN NAME OF MOTHER: Minnie Turner
13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. C. Bachmeyer Asst Supt
(Address) Cincinnati Hospital

15 NOV 17 1913 Filed ....., 191... Estelle Evans Registrar

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 15th, 1913 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from 11-12-, 1913, to 11-15-, 1913, that I last saw h[im] alive on 11-12-, 1913, and that death occurred, on the date stated above, at 12:30 p. m.
The CAUSE OF DEATH* was as follows:
Exhaustion due to Melancholia Tremens
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) William J. Tepmueller, M. D.
Nov 15, 1913 (Address) Cincinnati Hospital

*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 7 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former usual residence 1033 Central Ave

PLACE OF BURIAL OR REMOVAL: Cynthiana Ky
DATE OF BURIAL: Nov. 17, 1913
20 UNDERTAKER: John J Gilligan
ADDRESS: 316 E 8 St