

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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-A-50m-11-1-29

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6915

1. PLACE OF DEATH  
County Jefferson  
City Louisville  
Inc. Town \_\_\_\_\_  
Registration District No. 755  
Primary Registration District No. \_\_\_\_\_  
City Louisville (No. City Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)  
2. FULL NAME Clarence S. Rapson  
(a) Residence. No. Jeffersontown, Ky. Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Married  
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Rapson  
6. DATE OF BIRTH (month, day, and year) Sept 15-1888  
7. AGE Years Months Days If LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min. 49 5 19  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Patrolman  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (city or town) (State or country) Illinois  
13. NAME Thomas P. Rapson  
14. BIRTHPLACE (city or town) (State or country) Canada  
15. MAIDEN NAME Mary Barnes  
16. BIRTHPLACE (city or town) (State or country) Kentucky  
17. INFORMANT Mamie Rapson (Address) Jeffersontown, Ky.  
18. BURIAL, CREMATION, OR REMOVAL Place Resthaven Date Mar 8, 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 6, 1931  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ death is said to have occurred on the date stated above, at 9:45 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Fractured skull Date of onset \_\_\_\_\_  
Motor cycle death, motorcycle which he was riding, skidded and pinned him beneath it  
Contributory causes of importance not related to principal cause:  
no other cause 3-6-31  
210  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury P. P. T.  
24. Was disease of \_\_\_\_\_



MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state on back of certificate. Exact statement of OCCUPATION

Length of residence in city or town where death occurred		Yrs.	mos.	ds.	New long in U. S., if of foreign birth ?		Yrs.	mos.	ds.
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3. SEX <i>M</i>		4. COLOR OR RACE <i>W</i>		5. Single, Married, Widowed or Divorced (write the word) <i>Married</i>					
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Mamie Rapson</i>					21. DATE OF DEATH (month, day, and year) <i>Mar. 6, 1931</i>				
6. DATE OF BIRTH (month, day, and year) <i>Sept. 13-1881</i>					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____				
7. AGE		Years	Months	Days	If LESS than 1 day		hrs. or min.		
		<i>49</i>	<i>5</i>	<i>19</i>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>County</i>								
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Patrolman</i>								
	10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <i>Illinois</i>								
	13. NAME <i>Thomas P. Rapson</i>								
	14. BIRTHPLACE (city or town) (State or country) <i>Canada</i>								
	15. MAIDEN NAME <i>Mary Barnes</i>								
16. BIRTHPLACE (city or town) (State or country) <i>Kentucky</i>									
17. INFORMANT (Address) <i>Mamie Rapson Jeffersonville, Ky.</i>									
18. BURIAL, CREMATION, OR REMOVAL Place <i>Resthaven</i> Date <i>Mar. 8, 1931</i>									
19. UNDERTAKER (Address) <i>Myers + Blankenship Jeffersonville, Ky.</i>									
20. FILED <i>12 1931</i>									
					I last saw him alive on _____, 19____ death in said to have occurred on the date stated above, at <i>1:45</i> p.m. The principal cause of death and related causes of importance in order of onset were as follows: <i>Fractured skull</i>				
					Contributory causes of importance not related to principal cause: <i>Motorcycle accident, motorcycle which he was riding skidded and pinned him beneath motorcycle</i>				
					Date of onset				
					<i>on Ithaca Lane 3-6-31</i>				
					<i>210</i>				
					Name of operation _____ Date of _____				
					What test confirmed diagnosis? _____ Was there an autopsy? _____				
					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____				
					Where did injury occur? _____ (Specify city or town, county, and State)				
					Specify whether injury occurred in industry, in home, or in public place.				
					Manner of injury _____				
					Nature of injury _____				
					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____				
					Signed _____ (Address) _____				

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