

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHPLACE OF DEATH  
County MuhlenbergVot. Pot. Earle Summers 7134

Inc. Town

City (No. St. Ward)

File No. **2425**Registered No. 1

(If death occurred in a hospital or institution give its NAME instead of street and number.)

FULL NAME John Gordon Addison

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) SingleDATE OF BIRTH Feb 6 1911  
(Month) (Day) (Year)AGE 11 yrs. 3 mos. 3 ds. If LESS than 1 day... hrs. or... min.?OCCUPATION  
(a) Trade, profession, or particular kind of work Father's occupation  
(b) General nature of industry, business, or establishment in which employed (or employer) minerBIRTHPLACE (State or country) Powderly Ky.PARENTS  
10 NAME OF FATHER John Addison11 BIRTHPLACE OF FATHER (State or country) Henderson Co., Ky.12 MAIDEN NAME OF MOTHER Bulah Lewis13 BIRTHPLACE OF MOTHER (State or country) McHenry Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W E Vineyard  
(Address) Easton Ky.15 Filed Jan 12, 1912 L. A. Stewart  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 9 1912  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 1911, to Jan 9 1912, that I last saw him alive on Jan 9 1912, and that death occurred, on the date stated above, at 4 P.m.

The CAUSE OF DEATH\* was as follows:

Congenital Deformity  
(Hydrocephalus) (Duration) 11 yrs. 3 mos. 3 ds.Contributory (SECONDARY) (Duration) 11 yrs. 3 mos. 3 ds.(Signed) W B Threlkeld, M. D.  
1-9 1912 (Address) Brown Ky.

\*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 11 yrs. 3 mos. 3 ds. In the State 11 yrs. 3 mos. 3 ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Cedar Grove cemetery Jan 10, 191220 UNDERTAKER B. Stewart ADDRESS Brown Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—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.