

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22883

1 PLACE OF DEATH

County *Muhlenberg*

Vet. Post *North Oregon*

Ino. Town

City

Registration District No. *871*

Primary Registration District No. *7137*

(No. St. Ward)

File No.

Registered No.

[If death occurred in a hospital or institution give its name (street and number.)

2 FULL NAME *J. P. Anthony*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *single*

6 DATE OF BIRTH *May 19, 1885*
(Month) (Day) (Year)

7 AGE *80 yrs. 3 mos. 27 ds.* IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Muhlenberg Co*

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) *Greene Co. Ky*

12 MAIDEN NAME OF MOTHER *Burfield*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Mrs. N. Y. Luckett*

(Address) *Dep. of Ky*

15 Filed *9/12, 1915* *L. B. Westcliffe* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sep 12, 1915*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Sep 5, 1915*, to *Sept 12, 1915*, that I last saw him alive on *Sept 12, 1915*, and that death occurred on the date stated above at *11 am*. The CAUSE OF DEATH* was as follows:

zephroid fever

(Duration) *8* yrs. *8* mos. *8* ds.

Contributory (SECONDARY) (Duration) *8* yrs. *8* mos. *8* ds.

(Signed) *R. G. G. G.* M. D. *9/12, 1915* (Address) *Dep. of 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 *8* yrs. *8* mos. *8* ds. State *8* yrs. *8* mos. *8* ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Luckett Blg.* DATE OF BURIAL *9/13, 1915*

20 UNDERTAKER *Shannon Mort Co* ADDRESS *Dep. of Ky*

REASON RESERVED FOR INDEXING

WRITE PLAINLY WITH CAPITALS INK--THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. All 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.