

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 7139

36312

1 PLACE OF DEATH
County *Muhlenberg*

Vot. Pot. *N.C.* Registration District No. *7193*

Inc. Town Primary Registration District No. *7193*

City *Nancy Lane* No. *111* St. *Ward*

2 FULL NAME *Nancy Lane Johnston*

File No.

Registered No. *29*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(Write the word)

6 DATE OF BIRTH *Oct 28 1905*
(Month) (Day) (Year)

7 AGE *13* yrs. *3* mos. *3* ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Muhlenberg Co Ky*

10 NAME OF FATHER *Ed A. Johnston*

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

12 MAIDEN NAME OF MOTHER *Lucian Whitehouse*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co-14*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Ed A. Johnston*
(Address) *111 West City*

15 Filed *10/31, 1918* *S. D. Maple* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct 31 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct 25, 1918*, to *Oct 31, 1918*, that I last saw him *or* alive on *Oct 31, 1918*, and that death occurred on the date stated above at *7* m. The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. *6* ds.
Contributory (SECONDARY) *Influenza*

(Duration) ... yrs. ... mos. *8* ds.
(Signed) *J. P. Walton* M. D.
111 West City (Address) *1918*

*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. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Mitchell Bluff* DATE OF BURIAL *10/31, 1918*

20 UNDERTAKER *Mortimer Moore* ADDRESS *Central City Ky*

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

2-Every item of information should be carefully supplied. Age should be given 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.