

Form V. S. 1-B-100m-9-9-30

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. _____

1 PLACE OF DEATH
County MohlenbergVet. Pat. South Carrollton Registration District No. 1085
Inc. Town South Carrollton Primary Registration District No. 2438City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Dr. John R. Barnes(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. Single, Married, Widowed
or Divorced (write the word) M.6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of April Maud 8-1858

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
1 day _____ hrs.
or _____ min.
76OCCUPATION
8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. _____
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Doctor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) _____
(State or country) KyMOTHER/FATHER
13. NAME Abdusid Barnes14. BIRTHPLACE (city or town) _____
(State or country) Virg15. MAIDEN NAME Fathine Burkhard16. BIRTHPLACE (city or town) _____
(State or country) Ky17. INFORMANT Irvin Barnes
(Address) South Carrollton18. BURIAL, CREMATION, OR REMOVAL
Place South Carrollton Date Sept 16, 193419. UNDERTAKER J. B. Tucker
(Address) Bremen Ky

20. FILED _____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 16, 193422. I HEREBY CERTIFY That I attended deceased from
Aug - 2, 1934 to Sept 14, 1934I last saw him alive on Sept 14, 1934, death is said
to have occurred on the date stated above, at 10:15 a.m.The principal cause of death and related causes of importance
in order of onset were as follows:Coronary Thrombosis Date of onset _____Contributory causes of importance not related to
principal cause:
Myo Carditis

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) J. P. Walton M. D.(Address) Central City, Ky.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING