

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

21182

1 PLACE OF DEATH
County Muhlenberg
Vol. Prosewood Registration District No. 211729
Ino. Town..... Primary Registration District No. X14
City..... (No. 2) St., Ward)
2 FULL NAME J. H. Cotton
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH Nov 11, 1836
(Month) (Day) (Year)
7 AGE 85 yrs. 9 mos. 13 ds. IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. at home
(b) General nature of industry business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Tenn

PARENTS
10 NAME OF FATHER Geo. W. Cotton
11 BIRTHPLACE OF FATHER (State or country) Tenn
12 MAIDEN NAME OF MOTHER Elizabeth Garrison
13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charlie Cotton
(Address) Greensville, Ky

15 Filed 8/8, 1920 W. H. H.
W. H. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 17, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1920, to Aug 16, 1920, that I last saw him alive on Aug 16, 1920, and that death occurred on the date stated above at 5 a.m. The CAUSE OF DEATH* was as follows:

Dechronia Nephretica

(Duration) 2 yrs. mos. ds.
Contributory Dilatation of Heart
(SECONDARY)

(Duration) 1 yrs. mos. ds.
(Signed) J. H. Garrison, M. D.
Aug 17, 1920 (Address) Greensville, 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 yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Greenwood Aug 18, 1920

20 UNDERTAKER ADDRESS
McDonald & DeWitt Greensville

MARGIN RESERVED FOR ENDING

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

N. B.—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.