Form V. S. 1—50m—1-27-37

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23077

File No. 19

Registered No.

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Graham

Reg. Town

City

Registration District No. 1024

Primary Registration District No. 6511

(No. St., Ward)

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

2 FULL NAME John Loyd Croft

(a) Residence. No. St., Ward.

(If nonresident, give city or town and State)

(Usual place of abode)

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: Male

4 COLOR OR RACE: White

5 Single / Married / Widowed / or Divorced (Write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH April 17, 1934
(Month) (Day) (Year)

7 AGE 1 yrs. 5 mos. 4 ds.

IF LESS than 1 day ..... hrs. or ..... min?

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

9 BIRTHPLACE (city or town) (State or country) Graham Muhlenberg Co Ky

PARENTS

10 NAME OF FATHER Isaac M Croft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mo

12 MAIDEN NAME OF MOTHER Ida Belle McRoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 (Informant) Hubert Croft

(Address) Graham Ky

15 Filed Sept 22 1935 Hubert Croft Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 21, 1935
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from September 19, 1935 to Sept 21, 1935, that I last saw him alive on Sept 21, 1935, and that death occurred on the date stated above at 7 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

Contributory (Secondary) Influenza

(Duration) yrs. mos. 4 ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) M. E. Lafture, M. D.

Sept 22, 1935 (Address) Graham Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL: Unity Cemetery — DATE OF BURIAL: Sept 22, 1935

20 UNDERTAKER: M. E. McDonald & B. Brunnemer — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD