

*Dr. Tanner*

1 PLACE OF DEATH

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

9105

County *Middleburg*

Vol. *East. Prov. Gen.*

Registration District No. *87*

File No. ....

Ino. Town .....

Primary Registration District No. *112*

Registered By .....

City .....

(No. .... St. .... Ward .....

(If death occurred in a hospital or institution, give the name and number of record and number.)

2 FULL NAME *John E. Day*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *March 13 1917*  
(Month) (Day) (Year)

6 DATE OF BIRTH *Sept 13 1877*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Mar 9, 1917*, to *Mar 13, 1917*, that I last saw him alive on *Mar 12, 1917*, and that death occurred on the date stated above at *9 a.m.* The CAUSE OF DEATH\* was as follows:

7 AGE *39* yrs. *6* mos. .... ds. IF LESS than 1 day ... hrs. or ... min.?

*Mesenteric*

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

..... (Duration) .... yrs. .... mos. .... ds.

9 BIRTHPLACE (State or country) *Middleburg County Ky*

Contributory (SECONDARY) *Labes Pneumonia*

10 NAME OF FATHER *John F. Day*

..... (Duration) .... yrs. .... mos. .... ds.

11 BIRTHPLACE OF FATHER (State or country) *Tenn*

(Signed) *C. P. Tanner*, M. D.  
*Mar 14, 1917* (Address) *Greenwell*

12 MAIDEN NAME OF MOTHER *Mrs Weatherford*

\*STATE THE DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) *Tenn*

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death .... yrs. .... mos. .... ds. State .... yrs. .... mos. .... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, if not at place of death? .....

(Informant) *John Rhea*

Former or usual residence .....

(Address) *Toddville Ky*

19 PLACE OF BURIAL OR REMOVAL

Filed *3/14/17* *U. B. Anderson* Registrar

DATE OF BURIAL *Mar 14, 1917*

20 UNDERTAKER *McDonald & DeWitt*

ADDRESS *Greenwell*

*Elmer Stobough*

Be sure to fill out every part of this certificate. If there is any doubt as to what to do, ask the Registrar. Do not leave any part of this certificate blank. Do not write in ink. Do not use ink on the back of this certificate. Do not use ink on the back of this certificate. Do not use ink on the back of this certificate.