

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7652

File No.

Registered No. 14

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

County Muhlenberg

Vot. Pct.

Registration District No. 1087

Inc. Town Butts City

Primary Registration District No. 2435

City

(No. **P**)

St.

Ward

2 FULL NAME

John Jacob Dow.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 Single Married Married Widowed or Divorced (Write the word)
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6 DATE OF BIRTH

June**8****1887**

(Month)

(Day)

(Year)

7 AGE

67**8****16**

yrs.

mos.

ds.

IF LESS than 1
day hrs.
or min?

8 OCCUPATION

- (a) Trade, profession or particular kind of work.....
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Sweden

10 NAME OF FATHER

Mr. Anders

11 BIRTHPLACE OF FATHER

(State or country)

Sweden

12 MAIDEN NAME OF MOTHER

Unknown.

13 BIRTHPLACE OF MOTHER

(State or country)

Sweden

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Mrs. John Dow.**(Address) Butts City 149

15

Filed

7/22, 1925A. L. Bradford

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 21, DELAY

(Month)

(Day)

192

(Year)

17 I HEREBY CERTIFY, That I attended deceased
from 2-15, 1925, to 2-21, 1925.that I last saw him alive on 2-21, 1925.and that death occurred on the date stated above at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia(Duration) yrs. mos. 1 ds.Contributory Influenza.

(Secondary)

(Duration) yrs. mos. 4 ds.(Signed) W. C. M. Hill, M. D.
2-23, 1925 (Address) Butts City 14

*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 In the

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

DATE OF BURIAL

Fairmount**Feb. 25, 1925**

20 UNDERTAKER

Keore Und. Co.

ADDRESS

Central City

NAME PRINTED FOR RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. CAREFULLY SUPPLIED. AGE SHOULD BE STATED IN FULL. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS ESSENTIAL. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.