

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

6523

PLACE OF DEATH

County *Whitley*Vot. Pot. *2166 #18*Ino. Town *Central City*City *Central City*Registration District *P 270*Primary Registration District No. *2438*No. *1*St., *Central City* Ward

File No. ....

Registered No. *8*
 (If death occurred in a  
 hospital or institution,  
 give its NAME instead of  
 street and number.)
FULL NAME *Annus Johnson Doss*

## PERSONAL AND STATISTICAL PARTICULARS

 SEX *Female* COLOR OR RACE *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

 DATE OF BIRTH *July 12, 1892*  
 (Month) (Day) (Year)

 AGE *28* yrs. *7* mos. *9* ds. IF LESS than 1 day... hrs. or... min. 2

 OCCUPATION (a) Trade, profession, or particular kind of work *Housewife*  
 (b) General nature of industry, business or establishment in which employed (or employer)
BIRTHPLACE (State or country) *Kentucky*PARENTS 10 NAME OF FATHER *Chas. G. Johnson*11 BIRTHPLACE OF FATHER (State or country) *Kentucky*12 MAIDEN NAME OF MOTHER *Ula Ree Scott*13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*
 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) *W. L. H. H. H.*  
 (Address) *Central City, Ky.*

 15 Filed *2/27, 1921* *A. L. Blansford*  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH *Feb 21, 1921*  
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from *Sept. 20, 1921* to *Feb 21, 1921*, that I last saw him alive on *Feb 20, 1921*, and that death occurred on the date stated above at *7 A.M.* The CAUSE OF DEATH\* was as follows:

*Acute Nephritis*  
 (Duration) *7* yrs. *6* mos. .... ds.

 Contributory (SECONDARY) (Duration) *7* yrs. .... mos. .... ds.

 (Signed) *J. P. Walton* M. D.  
*2/20, 1921* (Address) *Central City, 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 *Wheeler Bluff* DATE OF BURIAL *Feb 22, 1921*

 20 UNDERTAKER *Marion Moore* ADDRESS *Central City*

MARGIN RESERVED FOR BINDING

 WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 No. 5--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.