

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

21224

1 PLACE OF DEATH

County Muhlenberg

Vol. Pot. Emmis

Ino. Town .....

City .....

Registration District No. 1097

Primary Registration District No. 2866

(No. .... St., .... Ward)

2 FULL NAME Johannie Dawning

File No. ....

Registered No. 10

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

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX M 4 COLOR OR RACE N 5 SINGLE MARRIED, WIDOWED OR DIVORCED Widowed  
(Write the word)

6 DATE OF BIRTH June 18, 1893  
(Month) (Day) (Year)

7 AGE 93 yrs. .... mos. .... ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Alex Dawning

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Lee Covington  
(Address) Emmis Ky

15 Filed Aug 12 1924 G. L. Fleming  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Aug 9, 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191..., that I last saw h..... alive on ....., 191..., and that death occurred on the date stated above at 6:30 p.m. The CAUSE OF DEATH\* was as follows:

no doctor  
Old Age  
(Duration) .... yrs. .... mos. .... ds.  
Contributory W.R. Dawning  
(SECONDARY) (Duration) .... yrs. .... mos. .... ds.  
(Signed) ....., M. D.

\*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. State .... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Revelote Cemetery DATE OF BURIAL Aug 10, 1924

20 UNDERTAKER W. H. Hood ADDRESS Recheater

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
B. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH. Occupation should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.  
MARGIN RESERVED FOR BUSINESS