

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

1 PLACE OF DEATH

County Madisonburg

Vol. Fol. ....

Inc. Tow. ....

City Central City (No. .... St. .... Ward)

Registration District No. 870

Primary Registration Dist. No. 2435

File No. 15767

Registered No. 35

[If death occurred in a hospital or institution, give the NAME, number of street and number.]

2 FULL NAME John G. Fortney

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH June 17, 1840 (Month) (Day) (Year)

7 AGE 71 yrs. 11 mos. 26 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Madisonburg

10 NAME OF FATHER Eli Fortney

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Cynthia Fortney

13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. J. Stoney

(Address) Paris, Tenn.

15 Filed June 15, 1912 D. L. Blandford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 13, 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 4<sup>th</sup>, 1912, to June 12<sup>th</sup>, 1912, that I last saw him alive on June 12, 1912, and that death occurred, on the date stated above, at his home. The CAUSE OF DEATH\* was as follows: Typhoid fever.

(Duration) yrs. mos. 14 ds. Contributory Chronic cystitis (Secondary) (Duration) yrs. mos. ds.

(Signed) J. P. Watson M. D. June 15, 1912 (Address) Central City, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state the MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(3) 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

18 PLACE OF BURIAL OR REMOVAL Fortney Burial DATE OF BURIAL June 15, 1912

19 UNDERTAKER Arthur Moore ADDRESS Central City

NOTE: PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2. Every item of information should be correctly supplied. AGE should be stated in FULLY. PHYSICIAN should state CAUSE OF DEATH in plain English, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.