

COMMUNITY OF KENTUCKY
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

 CERTIFICATE OF DEATH
 (P)
File No. **2006**

1 PLACE OF DEATH

County WashingtonVol. No. 2Registration District No. 1128

Registered No.

Inc. Town.

Primary Registration District No.

Registered No.

City.

(No. St., Ward)

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

2 FULL NAME John Archie Gardner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>222</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
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6 DATE OF BIRTH 21 Nov. 25, 1836
(Month) (Day) (Year)7 AGE 85 yrs. 1 mos. 19 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) Butler Co. Ky.10 NAME OF FATHER James Edward Gardner11 BIRTHPLACE OF FATHER (State or country) North Carolina12 MAIDEN NAME OF MOTHER Elizabeth Ann Gardner13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Coke McPherson
(Address) Sumner, Ky.Filed 1/20, 1921 Hellie B. Beuley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 17, 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1921, to Jan 19, 1921, that I last saw him alive on Jan 19, 1921, and that death occurred on the date stated above at 7 P.M. THE CAUSE OF DEATH* was as follows:
Bacterial Pneumonia(Duration) ... yrs. ... mos. 5 ds.Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.
(Signed) J. G. Turner, M. D.
Jan 20, 1921. (Address) Sumner, 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 Wood Runway P.O. DATE OF BURIAL 192120 UNDERTAKER Dallas Rector ADDRESS Sumner, Ky.

MAKER RECEIVED FOR ERRORS

WRITE PLAINLY, WITH BRASSING INK--THIS IS A PERMANENT RECORD
E. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.