

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. 1903  
Registered No. \_\_\_\_\_

## 1 PLACE OF DEATH

County Muhlenberg CoVet. Pct. East BurgessRegistration District No. 17Inc. Town Powderly 15Primary Registration District No. 7 52

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 2 FULL NAME

John Henry Heltley

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

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 15 1924  
(Month) (Day) (Year)

7 AGE 60 yrs. 10 mos. 15 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) Muhlenberg Co Todd Co

PARENTS

10 NAME OF FATHER Wm M. Heltley

11 BIRTHPLACE OF FATHER (State or country) Todd Co Ky

12 MAIDEN NAME OF MOTHER Jessie Crawford

13 BIRTHPLACE OF MOTHER (State or country) Todd Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary F Drake(Address) Cleaton, Ky15 John O. Wickliffe RegistrarFiled Murder

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 28 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1922, to Feb 28, 1922, that I last saw him alive on Feb 28, 1922, and that death occurred on the date stated above at 8 P. m.

The CAUSE OF DEATH\* was as follows:

Influenza  
Lobar Pneumonia Right  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Chas Wilson M. D.  
2/28 1922 (Address) Franklin

\*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 State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where disease contracted,

if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Jermans Chapel DATE OF BURIAL 2-28 1922

20 UNDER-TAKER W. K. Roark ADDRESS Franklin

FAXED RECEIVED FOR RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.