

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_  
Registered No. 337

1. PLACE OF DEATH  
County Muhlenberg  
City Poundersville (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Incl. Town \_\_\_\_\_  
City Poundersville (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME John D. Hunter  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX M  
4. COLOR OR RACE W  
5. Single, Married, Widowed, or Divorced (write the word) Married  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH Mar. 30 - 1875  
7. AGE Years \_\_\_\_\_ Months 5 Days 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. House wife  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE Muhlenberg Co Ky  
13. NAME Seth M. Johnson  
14. BIRTHPLACE Ky.  
15. MAIDEN NAME Dessie Stinson  
16. BIRTHPLACE Ky

17. INFORMANT Emma Collins  
(Address) Central City, Ky

18. BURIAL, CREMATION, OR REMOVAL  
Place Nelson Creek Date 10-2-39

19. UNDERTAKER J. B. Owen  
(Address) Central City, Ky

20. FILED 10-3-39 James Carter  
Registrar

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH Sept 28, 1937  
22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ death is said to have occurred on the date stated above, at \_\_\_\_\_, Ky.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Myocarditis  
Date of onset \_\_\_\_\_  
Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_  
(Signed) James Bryan  
(Address) Central City, Ky

MARGIN RESERVED FOR BINDING  
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.