

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

30853

PLACE OF DEATH

County MiddleburgVot. Prec. Graham

Ino. Town

City

Registration District No. 7140

Primary Registration District No.

(No. Leslie Johnson St., Ward)

File No. ....

Registered No. 27

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

2 FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)DATE OF BIRTH - - - 1883  
(Month) (Day) (Year)AGE 36 yrs. - mos. - ds. IF LESS than 1 day... hrs. or... min.?OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) FarmerBIRTHPLACE (State or country) IllinoisPARENTS 10 NAME OF FATHER Don't know  
11 BIRTHPLACE OF FATHER (State or country) "  
12 MAIDEN NAME OF MOTHER "  
13 BIRTHPLACE OF MOTHER (State or country) "14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. G. Gadd  
(Address) Graham Ky15 FILED Dec 10 1919 J. C. Keenerly REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 23, 1919  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1919, to Nov 23, 1919, that I last saw him alive on Nov 19, 1919, and that death occurred on the date stated above at 7:45 a.m. THE CAUSE OF DEATH\* was as follows: furunculosisContributory (SECONDARY) (Duration) 3 yrs. .... mos. .... ds.(Signed) J. H. HARRALSON, M. D.  
Nov 24, 1919. (Address) Graham 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, TENEMENTS 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 Graham Ky DATE OF BURIAL 11/27/191920 UNDERTAKER A. J. Beane ADDRESS Graham Ky

N. B. - This certificate is a legal record and should be carefully preserved. Ask 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.