FORM V. S. 1-100 H-1-16-11.

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Graham

Inc. Town

City (No. St. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration District No. 7140

Primary Registration Dist. No.

File No. 12172

Registered No. 17

2 FULL NAME John Howton Jr (Stillborn)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH 4 (Month) 30 (Day) 1917 (Year)

7 AGE — yrs. — mos. ds. If LESS than 1 day hrs. or min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER John Howton

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Myrl Blanchard

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Howton

(Address) Graham Ky

15 Filed 5/1, 1917 J K Kennedy REGISTRAR

STILLBIRTH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 (Month) 30 (Day) 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191 , to — , 191 ,

that I last saw h alive on 191 ,

and that death occured, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature [illegible] premature birth

Gestation 6 Mo

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A. J. Edge, M. D.

5/1/, 1917 (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, 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 Home

DATE OF BURIAL 5/1, 1917

20 UNDERTAKER C. L. Croft

ADDRESS Graham Ky

11—5186