

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

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Prec. *West Rogers*

Ino. Town

City *Greenville*

Registration District No. *1093*

Primary Registration District No. *6853*

File No.

Registered No.

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

2 FULL NAME *John Hurt*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *Col* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

6 DATE OF BIRTH *Jan. 25, 1867*
(Month) (Day) (Year)

7 AGE *56* yrs. *0* mos. *3* ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer) *Coal miner*

9 BIRTHPLACE (State or country) *Muhlenberg, Ky*

10 NAME OF FATHER *George Drake*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg*

12 MAIDEN NAME OF MOTHER *Lucinda Brown*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg, Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Barb's wills*

(Address) *Greenville Ky*

15 Filed *[Signature]* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 1, 1923*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 28*, 1923, to *Feb 1*, 1923, that I last saw him alive on *Feb 1st*, 1923, and that death occurred on the date stated above at *4:30* p.m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) *Influenza*

(Duration) ... mos. ... ds.

(Signed) *[Signature]*, M. D. *Feb 2, 1923* (Address) *Central City*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, 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 *Reynolds Grave yard* DATE OF BURIAL *Feb 2, 1923*

20 UNDERTAKER *Journey E. George* ADDRESS *Greenville*

Central City Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.