

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Mullensburg

Vol. Pat. West Court House Registration District No. 871

Inc. Town Greenville Primary Registration Dist. No. 2436

City Greenville (No. _____) St. _____ Ward _____

File No. 20733

Registered No. 66

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

3 FULL NAME Johnny William Hurt

PERSONAL AND STATISTICAL PARTICULARS

2 SEX male 4 COLOR OR RACE negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant

6 DATE OF BIRTH April 11-day, 1911 (Month) (Day) (Year)

7 AGE 1 yrs 4 mos 0 ds If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Greenville Mullensburg County

10 NAME OF FATHER James Milton Hurt

11 BIRTHPLACE OF FATHER (State or country) Tribmanville Todd

12 MAIDEN NAME OF MOTHER Jennie Evans

13 BIRTHPLACE OF MOTHER (State or country) Logan County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Milton Hurt (Address) Greenville Ky. must

15 Filed Aug 3, 1912 W. H. Greenlee REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 2, 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1912, to Aug 2, 1912; that I last saw him alive on Aug 2, 1912, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows: Cholera Infantum

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

Contributory (occupant) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. Cornillias, M. D. Aug 3, 1912 (Address) Greenville 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 Greenville DATE OF BURIAL Aug 3, 1912

20 UNDERTAKER G. E. George ADDRESS Greenville

BE CAREFUL NOT TO WRITE OVER ANY INFORMATION ALREADY SUPPLIED. AGE SHOULD BE GIVEN IN YEARS. PHYSICIAN 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.