

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

32699

1 PLACE OF DEATH

County MuhlenbergVol. Fol. EpsteinRegistration District No. 7140

File No.

Registered No. 21

Inc. Town.

Primary Registration District No.

City. (No. St. Ward)

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

2 FULL NAME William C. Jannis

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH June 20, 1845
(Month) (Day) (Year)

7 AGE 69 yrs. 5 mos. 13 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) Farmer

9 BIRTHPLACE (State or country) Muhlenberg Co

10 NAME OF FATHER Joe Sam Jannis

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co

12 MAIDEN NAME OF MOTHER Margaret Jannis

13 BIRTHPLACE OF MOTHER (State or country) Missouri

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Jannis

(Address) Graham, Ky

15 Date Dec 4 of Cheever

File No. 101 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 3, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1914, to Dec 3, 1914, that I last saw him alive on Dec 1, 1914, and that death occurred on the date stated above at 8:45 am. The CAUSE OF DEATH* was as follows:

Tuberculosis of bowels
(Duration) 4 yrs. 4 mos. 0 ds.

Contributory (SECONDARY) (Duration) 0 yrs. 0 mos. 0 ds.

(Signed) R. G. Lyabute, M. D.
(Date) Dec 3, 1914 (Address) Depue, 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 0 yrs. 0 mos. 0 ds. State 0 yrs. 0 mos. 0 ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Danson Free Yd DATE OF BURIAL Dec 4, 1914

20 UNDERTAKER C. Craft ADDRESS Graham

NOTE: Every item of information should be carefully supplied. All should be in plain terms, so that it may be readily understood. Exact statement of OCCUPATION is very important. See instructions on back of certificate.