

MARGIN RESERVED FOR BINDING

B. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE 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.

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Harrison 5811
 State File No. _____
 Registrar's No. _____ 54

Form V. S. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF BIRTH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Wickliffe</u>		(a) State <u>Ky</u> County <u>Martin</u>	
(b) City or town <u>Martinsick</u> (If outside city or town limits, write RURAL)		(c) City or town <u>Martinsick Ky</u> (If outside city or town limits write RURAL)	
(c) Name of hospital or institution:		(d) Street No. _____ (If rural give precinct)	
(If not in hospital or institution write street number or location)		(e) If foreign born, how long in U. S. A.? _____ years	
(d) Length of stay: In hospital or community _____ (years, months or days)			
3(a) FULL NAME <u>Claude B. Johnson</u>			
3(b) If veteran, _____		3(c) Social Security No. <u>295-05-1444</u>	
Name was _____		MEDICAL CERTIFICATION	
4. Sex <u>Male</u>		20. DATE OF DEATH <u>Feb 22 1944</u>	
5. Color <u>White</u>		21. I hereby certify that I attended the deceased from <u>Jan 18 1944</u> to <u>Feb 22 1944</u> that I last saw <u>alive</u> on <u>Feb 1 1944</u> and that death occurred on the date stated above at <u>10:15 A.M.</u>	
6(a) Single <u>Married</u> Widowed _____ Divorced _____		Immediate cause of death <u>Coronary occlusion</u>	
6(b) Name of husband or wife <u>Myrtle Maddox</u>		DURATION <u>3 weeks</u>	
6(c) Age of husband or wife if all _____		Due to _____	
7. Birth date of deceased <u>Aug 26 - 1888</u> (Month) (Day) (Year)		Other conditions _____ (Include pregnancy within 3 months of death)	
8. AGE: <u>55</u> Years <u>3</u> Months <u>6</u> Days If less than one day hr. _____ min.		Major findings: <u>94A</u>	
9. Birthplace <u>Ohio Co, Ky</u>		Of operations _____	
10. Usual occupation _____		Of autopsy _____	
11. Industry or business _____		22. If death was due to external causes, fill in the following:	
12. Name <u>Thomas Johnson</u>		(a) Accident, suicide, or homicide (specify) _____	
13. Birthplace <u>Ky</u>		(b) Date of occurrence _____	
14. Maiden name <u>Barbara Fulton</u>		(c) Where did injury occur? in or about home, on farm, in industrial place in public place? _____ (Specify type of place)	
15. Birthplace <u>Ky</u>		While at work? _____ (e) Means of injury _____	
16(a) Informant's own signature <u>Mrs Claude Johnson</u>		23. Signature <u>J. P. Henderson</u> (M. D. or other)	
(b) Address <u>Martinsick Ky</u>		Address <u>Chapelguy X</u> Date signed <u>2-28-44</u>	
17. BURIAL, CREMATION, OR REMOVAL <u>Nelson Creek</u> Date <u>2-25-44</u>			
18(a) Signature of funeral home <u>Central City, Ky</u>			
(b) Address _____			
19(a) <u>3-4-1944</u> (Date received by local registrar)		(Registrar's signature) _____	