

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

1 PLACE OF DEATH

County Muhlenberg

Vol. Pat. South Central City

Inc. Town

City Central City (No. St. 1 Ward)

2 FULL NAME Edith Johnson

File No. 2541

Registered No. 4

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Jan 24 1898
(Month) (Day) (Year)

7 AGE 35 yrs. mos. ds. If LESS than 1 day hrs. or min.?

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

9 BIRTHPLACE (State or country) White Co Tenn

10 NAME OF FATHER Philip Hodge

11 BIRTHPLACE OF FATHER (State or country) White Co Tenn

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) White Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Miller
(Address) Central City, Ky

15 Filed Jan 25 1913 Ed L. Bradford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 24 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 22 1913, to Jan 24 1914, that I last saw her alive on Jan 23 rd 1913, and that death occurred, on the date stated above, at 4 a.m.
The CAUSE OF DEATH* was as follows:
Apoplexy cerebral Hemorrhage

(Duration) yrs. mos. ds.
Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) McDonnell & Taylor M. D.
Jan 25 1913 (Address) Central City, Ky

*State the DISEASE CAUSING DEATH, or in death 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 Fairmount Cemetery DATE OF BURIAL Jan 25 1913

20 UNDERTAKER Martin Moore ADDRESS Central City

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

7. B.—Every item of information should be carefully supplied. AGE should be stated in FULLY. PHYSICIANS should state CAUSE OF DEATH in plain text, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.