

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County

Muhlenberg

CERTIFICATE OF DEATH

Vol. No.

#5

Registration District No.

878

Town

Boulder

City Registration District No.

7125

City

2 FULL NAME

Henderson, Johnson

File No.

36100

Registered No.

63

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE Negro	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6 DATE OF BIRTH Sept 22, 1883 (Month) (Day) (Year)		
7 AGE 35 yrs. 1 mos. 19 ds.		IF LESS than I 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		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 11, 1918 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1918, to Nov 11, 1918, that I last saw him alive on Nov 10, 1918, and that death occurred on the date stated above at 2:30 p.m. The CAUSE OF DEATH* was as follows: Broncha - Pneumonia (Duration) ... yrs. ... mos. 7 ds. Contributory (SECONDARY) Spanish Influenza (Duration) ... yrs. ... mos. 4 ds. (Signed) H. D. Newman, M. D. Nov. 12, 1918. (Address) Drakeston, Ky.

9 BIRTHPLACE (State or country) Logan Co. Ky.
10 NAME OF FATHER Nepred Johnson
11 BIRTHPLACE OF FATHER (State or country) Florida
12 MAIDEN NAME OF MOTHER Sarah Short
13 BIRTHPLACE OF MOTHER (State or country) Logan Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. S. Smith
(Address) Drakeston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES and (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVELERS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Yost, Ky	DATE OF BURIAL Nov 13, 1918
20 UNDERTAKER Ed George Greenville Ky	ADDRESS

15 Filed 11/12, 1918 J. R. B. Registrar

REGISTRAR

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

N. B.—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. See instructions on back of certificate.