

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

15803

1 PLACE OF DEATH  
County Muhlenberg Co  
Vol. Greenville Registration District No. 821  
Inc. Town..... Primary Registration District No. 2436  
City..... (No. .... St., .... Ward) Greenville

File No. ....  
Registered No. ....  
(If death occurred in a hospital or other institution, give the name, location and street and number.)

2 FULL NAME Henry Owen Johnson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 21, 1917  
(Month) (Day) (Year)

7 AGE 6 yrs. 6 mos. 6 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).....

9 BIRTHPLACE (State or country) Muhlenberg Co

10 NAME OF FATHER Herman Johnson

11 BIRTHPLACE OF FATHER (State or country) Todd Co

12 MAIDEN NAME OF MOTHER Nettie Walker

13 BIRTHPLACE OF MOTHER (State or country).....

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH May 27, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 26, 1917, to May 27, 1917, that I last saw him alive on May 26, 1917, and that death occurred on the date stated above at 2 A.M. The CAUSE OF DEATH was as follows:  
Tetanus

Contributor (Secondary) Infection of umbilicus

(Signed) H. Woodson, M. D.  
May 27, 1917 (Address) Greenville

(1) Means of Injury and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant).....  
(Address).....

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT RESIDENTS)  
At place of death..... yrs..... mos..... ds. State..... yrs..... mos..... ds.  
Where was disease contracted, if not at place of death? .....

15 Filed 181 REGISTRAR

16 PLACE OF BURIAL OR REMOVAL Muhlenberg Co DATE OF BURIAL May 27, 1917  
20 UNDERTAKER T. J. Hitee ADDRESS Greenville

WRITE PLAINLY, WITH SPARING INK.—THIS IS A PERMANENT RECORD.  
 E. E.—Every item of information should be carefully verified. All should be checked in duplicate. The cause of death should be stated in plain terms, so that it may be readily understood. OCCUPATION is very important. See instructions on back of certificate.