

21033

Form V. R. 1-A

## COMMONWEALTH OF KENTUCKY

State File No. 34DEPARTMENT OF COMMERCE  
Bureau of the CensusDepartment of Health  
BUREAU OF VITAL STATISTICSRegistrar's No. 252

## CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 7271

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Rural  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Muhl.  
(c) City or town Rural  
(If outside city or town limits, write RURAL)(d) Street No. Paradise  
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Marshall Abraham Johnson

3(b) If veteran, \_\_\_\_\_

3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced6(b) Name of husband or wife Florence Johnson

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased 1-17-1857  
(Month) (Day) (Year)8. AGE: Years 67 Months 8 Days 5  
If less than one day hr. \_\_\_\_\_ min.9. Birthplace Ky10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Unknown

13. Birthplace \_\_\_\_\_

MOTHER { 14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_

16(a) Informant's own signature Florence Johnson(b) Address Paradise Ky

## 17. BURIAL, CREMATION, OR REMOVAL

Place M. Daugh Date Sept 21, 194418(a) Signature of funeral director Remond Westerman Home(b) Address Orabensan Ky19(a) 10-3-44  
(Date received by local registrar)(b) Margerie Hales  
(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 194421. I hereby certify that I attended the deceased from 1-1-42 1942  
to Aug -44 1944, that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date Sept 19 above at 6:30 P. M.Immediate cause of death Myocardial Infarction DURATIONRespiratory

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 93D - 100

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)Address Greenwill 17 Date signed 9-20-44

N. 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.