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13206

Form V. S. 1-A-50m-11-1-29

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

1 PLACE OF DEATH

County Muhlenberg

Vet. Pat. # 32

Registration District No. 1088

Registered No. 15

Ins. Town Drakesboro Primary Registration District No. 2437

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary F. Johnson

(a) Residence. No. Drakesboro, Ky. Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND OF (or) WIFE OF Jim H. Johnson

6. DATE OF BIRTH (month, day, and year) 5/1/1958

7. AGE Years Months Days 17 0 10 53
1/ LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) 1/20 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Warren Co., Ky

13. NAME L. E. Ward

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Mary Boyd

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Jim H. Johnson
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL Funeral home 5/12, 1932
Place _____

19. UNDERTAKER L. R. Kinsell
(Address) Drakesboro, Ky

20. FILED 5-13, 1932 J. H. Allison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932 to 2/11, 1932

I last saw her alive on May 10, 1932, death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic pneumonia Date of onset May 1932
asthma 1900

Contributory causes of importance not related to principal cause:

Chronic pneumonia
asthma 1900

Name of operation None Date of None

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify None

(Signed) J. H. Allison, M. D.
(Address) Drakesboro, Ky

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.