

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

PLACE OF DEATH

County Martin

Vol. No. 18

Local Town Cleaton

City (No. St. Ward)

Registration District No. 2135

Primary Registration District No.

File No. 20814

Registered No. 708

If death occurred in a hospital, institution, or other place, give the name.

FULL NAME Minerva Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

DATE OF BIRTH May 22, 1876
(Month) (Day) (Year)

AGE 37 yrs. 4 mos. 21 ds. IF LESS THAN 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Kentucky

NAME OF FATHER V. J. Phelps

BIRTHPLACE OF FATHER (State or country) Kentucky

MAIDEN NAME OF MOTHER Louise Linn

BIRTHPLACE OF MOTHER (State or country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. R. Johnson
(Address) Cleaton, Ky.

Filed Oct. 14, 1914 W. H. Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended from Oct 11, 1914, to Oct 11, 1914 that I last saw her alive on Oct 11 and that death occurred on the date at 11 m. The CAUSE OF DEATH was Chronic Gastric Catarrh

(Duration) 2 yrs. 1 mos. 1 ds.

Contributory (Secondary) (Duration) 2 yrs. 1 mos. 1 ds.
(Signed) H. R. G. Muller, M. D.
Oct. 14, 1914 (Address) Cleaton, Ky.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death 2 yrs. 1 mos. 1 ds. In the State 2 yrs. 1 mos. 1 ds.
Where was disease contracted, if not at place of death? Former or usual residence

PLACE OF BURIAL OR REMOVAL Wickliffe Cemetery DATE OF BURIAL 1st 14, 1914

UNDERTAKER Cleaton Undertaking ADDRESS Cleaton, Ky.

WRITE PLAINLY WITH DEFINITE SPELLING. THIS IS A PRE-TESTED FORM. Every item of information should be carefully examined. AGE should be given in plain terms, so that it may be readily understood. OCCUPATION is very important. See instructions on back of certificate.