

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

19463

1 PLACE OF DEATH

County *Muhlenberg*

File No.

Vot. Pot. *# 8*

Registration District No.

Registered No.

Ino. Town *Perrod*

Primary Registration District No. *7128*

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

City

(No. St., Ward)

2 FULL NAME *Paul Johnson*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
 (Write the word)

6 DATE OF BIRTH *Sept 30, 11885*
 (Month) (Day) (Year)

7 AGE *33 yrs. 6 mos. 19 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) *Illinois*

PARENTS

10 NAME OF FATHER *James F. Johnson*

11 BIRTHPLACE OF FATHER (State or country) *Louisiana*

12 MAIDEN NAME OF MOTHER *Ann Stanley*

13 BIRTHPLACE OF MOTHER (State or country) *Illinois*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *Luther Hughes*
 (Address) *Perrod Ky*

15 Filed *July 10 1919* *Helen B. Bewley*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 18 1919*
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
 from 191....., to 191.....,
 that I last saw him alive on *May 16, 1919*,
 and that death occurred on the date stated above
 at m. The CAUSE OF DEATH* was as follows:

Chronic Nephritis
 (Duration) *2 yrs. mos. ds.*

Contributory (SECONDARY)

(Duration) yrs. mos. ds

(Signed) *E. M. Bewley*, M. D.
July 10, 1919 (Address) *Perrod Ky*

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS 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 *Union Ridge*

DATE OF BURIAL *May 19, 1919*

20 UNDERTAKER *D. Reclar*

ADDRESS *Amers, Ky*

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.