

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

PLACE OF DEATH
County Martin
Reg. Dist. 12
Vot. Pot. 12 Registration District No. 12
Ino. Town Cleaton 1st Primary Registration District No. 12
City Cleaton (No. 12) St. 12 Ward 12
FULL NAME Thurman Edmund Johnson

File No. 36
Registered No. 36

[If filed outside a hospital or institution, give its NAME instead of street and number.]

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 July 3, 1917
7 AGE 11 mos. 21 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) Kentucky
10 NAME OF FATHER Marion Johnson
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Mabel Ballard
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

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

15 Filed 7-2-18 1918 W. H. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 1, 1918 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from July 1, 1918, to July 1, 1918, that I last saw h..... alive on July 1, 1918, and that death occurred on the date stated above at Cleaton. The CAUSE OF DEATH was as follows:
Thyroid gland enlarged at the left side
Contributory (SECONDARY) None
(Signed) W. D. Johnson, M. D. July 1, 1918 (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.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death 11 mos. 21 ds. In the State 11 mos. 21 ds. Where was disease contracted, if not at place of death? Former or usual residence
19 PLACE OF BURIAL OR REMOVAL Deers Hill DATE OF BURIAL July 2, 1918
20 UNDERTAKER J. F. Johnson ADDRESS Cleaton

MARGIN RESERVED FOR ENDING

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—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. See instructions on back of certificate.