Form V S 1-0000 2-20-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 19281
Registered No. 11

County MUHLENBERG
Vol. Fol. 45
Reg. Town DRAKESBORO KY
City (No. St., Ward)
Registration District No. 872
Primary Registration District No. 2175 / 1123
(If death occurred in a hospital or institution, give its name instead of street and number.)

1 PLACE OF DEATH

2 FULL NAME VERA MAY JOHNSON

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: FEMALE
4 COLOR OR RACE: WHITE
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): SINGLE

6 DATE OF BIRTH: MAY 1, 1913 (Month) (Day) (Year)

7 AGE: 1 yrs. 2 mos. 4 ds.
If less than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: AT HOME
(b) General nature of industry business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): DRAKESBORO KY

PARENTS

10 NAME OF FATHER: WILL JOHNSON
11 BIRTHPLACE OF FATHER (State or country): VERDA TENNESSEE
12 MAIDEN NAME OF MOTHER: VIVIE SUMNER
13 BIRTHPLACE OF MOTHER (State or country): DUNMOR KY

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) WILL JOHNSON
(Address) DRAKESBORO KY

15 Filed 7/6, 1914 J. R. Kimmel Reg. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: JULY 5, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from JULY 1, 1914, to JULY 4, 1914, that I last saw her alive on JULY 4, 1914, and that death occurred on the date stated above at 2 P.m. The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
(Duration) yrs. mos. 6 ds.
Contributory (SECONDARY) Pertussis
(Duration) yrs. 1 mos. 15 ds.

(Signed) H. D. Newman, M. D.
JULY 5, 1914 (Address) DRAKESBORO 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. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: LANGLEY GRAVEYARD
DATE OF BURIAL: JULY 6, 1914

20 UNDERTAKER: C. G. BRIDGES & CO
ADDRESS: DRAKESBORO KY

11—3134

WHITE PLANILY, WITH WATERMARK 100—THIS IS A PERMANENT RECORD
Read the carefully, correct, and complete. Affix stamp to original. PRINT PLAINLY.
Blank Forms, so that it may be read easily. Use Black Ink.
CAUSE OF DEATH. Medical terms, so that it may be understood. Use abbreviations on back of certificate.
OCCUPATION is very important. Give information.