

1962  
49

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Three Rivers  
Vot. Prec. Brokenbow  
Ino. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 899-872 File No. 17941  
Primary Registration Dist. No. ? Registered No. \_\_\_\_\_

2 FULL NAME Henry Johnston

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the words) Married  
6 DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) 1.49 (Year)  
7 AGE 66 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Logan Co Ky

PARENTS  
10 NAME OF FATHER \_\_\_\_\_  
11 BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_  
12 MAIDEN NAME OF MOTHER \_\_\_\_\_  
13 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) N. S. Mathis  
(Address) Greenville, Ky.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 3, 1915  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1915, to July 3, 1915, that I last saw him alive on July 3, 1915, and that death occurred, on the date stated above, at 8 P.M.  
The CAUSE OF DEATH\* was as follows:  
Stroke, base of brain and thromb.

(Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J. S. Stator, M. D.  
July 3, 1915 (Address) Greenville, 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 Cherokee DATE OF BURIAL July 4, 1915  
20 UNDERTAKER \_\_\_\_\_ ADDRESS Greenville, Ky.

Filed July 3, 1915 Cherokee Registrar

WRITE PLAINLY WITH INK OR INDUSTRY-TESTED PERMANENT PENCILS

It is the duty of the informant to give the correct information about the deceased as carefully as possible. AGE should be stated EXACTLY. PSYCHOLICAL should state whether or not the patient is sane in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BLANKET RESERVED FOR EXTENSION