

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. _____

1 PLACE OF DEATH
County Muhlenberg
Vet. Pat. House
Inc. Town _____
City _____ (No. _____ St., _____ Ward)

Registration District No. 1095
Primary Registration District No. 6830

2 FULL NAME Henry C. Johnston
(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Nov 13, 1920
7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
61 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner - 1920
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Muhlenberg, Mo.

13. NAME A. G. Johnston
14. BIRTHPLACE (city or town) (State or country) Muhlenberg, Mo.
15. MAIDEN NAME Uretta Dupree
16. BIRTHPLACE (city or town) (State or country) Muhlenberg, Mo.

17. INFORMANT (Address) Lorain Johnston Greenville, Ky.
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date 1-16-, 1951

19. UNDERTAKER (Address) W. B. McDonald Greenville, Ky.

20. FILED 1-3, 1951 C. B. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-3-51, 1951
22. I HEREBY CERTIFY, That I attended deceased from 11-24-, 1950 to 1-3-, 1951
I last saw him alive on 1-3-, 1951, death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Bronchial pneumonia 107
Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so specify _____
(Signed) D. P. Casper, M. D.
(Address) Greenville, Ky.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH WRITING INK—THIS IS A PERMANENT RECORD. 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.

By M. Wells.