

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County *Muhlenberg*Vol. Pat. *Court House 10*

Inc. Town

City

Registration District No. *871*Primary Registration Dist. No. *71.30*File No. *25957*Registered No. *96*FULL NAME *Trendy Johnston*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <i>Female</i>	2 COLOR OR RACE <i>white</i>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>single</i>
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4 DATE OF BIRTH <i>Sept 16 1910</i> (Month) (Day) (Year)
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7 AGE <i>3 yrs 1 mos</i> yrs. mos. ds.	8 If LESS than 1 day..... hrs. or..... min.?
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9 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).

at home

10 BIRTHPLACE (State or country) <i>Muhlenberg County Ky</i>

PARENTS	10 NAME OF FATHER <i>F. A. Johnston</i>
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PARENTS	11 BIRTHPLACE OF FATHER (State or country) <i>Muhlenberg County Ky</i>
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PARENTS	12 MAIDEN NAME OF MOTHER <i>Nannie Green</i>
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PARENTS	13 BIRTHPLACE OF MOTHER (State or country) <i>Muhlenberg Co. Ky</i>
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
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(Informant) <i>E. M. McCall and</i>

(Address) <i>Greenville, Ky.</i>

15 FILED <i>Oct 26 1912</i>	<i>W. H. Franklin</i>
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REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <i>Oct. 26 1912</i> (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from, 191..., to, 191....

that I last saw her alive on <i>Oct. 25</i> , 191 <i>2</i>
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and that death occurred, on the date stated above, at.....m.
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The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration)..... yrs. mos. ds.

Contributory (secondary)

(Duration)..... yrs. mos. ds.

(Signed) *T. B. Elston*, M. D.*Oct. 24, 1912* (Address) *Greenville*

*State the DISEASE CAUSING DEATH, or, in death 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 <i>Carters Creek Burial Ground</i>	DATE OF BURIAL <i>Oct. 26, 1912</i>
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20 UNDERTAKER <i>M. B. McDonald</i>	ADDRESS <i>Greenville Ky</i>
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WRITE PLAINLY, WITH CAREFUL MEASURE THIS IS A PERMANENT RECORD

Be sure that all instructions are carefully followed. AGE should be stated EXACTLY. PHYSICIAN 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.