

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1085Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County MUHLENBURG
(b) City or town GREENVILLE, R.F.D. # 2
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community NONE
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KY (b) County MUHLENBURG
(c) City or town GREENVILLE
(If outside city or town limits, write RURAL)(d) Street No. R.F.D. # 2
(If rural give precinct)

(e) If foreign born, how long in U. S. A? _____ years

3(a) FULL NAME JOHN, WILLIAM, JOHNSTON

3(b) If veteran,

Name war NONE

3(c) Social Security

No. NONE4. Sex MALE 5. Color or race WHITE 6(a) Single, ~~widowed~~, married, divorced MARRIED6(b) Name of ~~deceased~~ wife DELIA, JOHNSTON6(c) Age of ~~deceased~~ wife if alive 61 Years7. Birth date of deceased SEPT. 4, 1863
(Month) (Day) (Year)8. AGE: Years 75 Months X Days 21 If less than one day hr. min.9. Birthplace KENTUCKY.10. Usual occupation FARMING. 111. Industry or business ON FARM.

FATHER

12. Name FRANK, JOHNSTON.13. Birthplace KY.

MOTHER

14. Maiden name SOPRONNA, ALLEN.15. Birthplace TENNESSEE.16(a) Informant's own signature Delia Johnston(b) Address GREENVILLE, KY.

17. BURIAL, CREMATION, OR REMOVAL

Place FRIENDSHIP CEM. Date 9/26, 44 194418(a) Signature of funeral director BILBRO AND LIVELY.(b) Address NORTONVILLE, KY.19(a) 9-27-44

(Date received by local registrar)

(b) Margorie Taylor

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 23, 194421. I hereby certify that I attended the deceased from 1943to Sept 24, 1944 that I last saw him alive onSept 24, 1944 and that death occurred on the datestated above at 6 A.M.

Immediate cause of death

Heart trouble

DURATION

Due to

Colic

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ASC-97

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____

(a) Means of injury _____

23. Signature E. H. H. H.

(M. D. or other)

Address Greenville Ky Date signed 9-26-44

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH **NON-FADING 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.

D.R. GATES.