

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 18354
Registered No.1 TRACE OF DEATH
County Muhlenberg
Vot. Prec. House Registration District No. 1099
Inc. Town..... Primary Registration District No. 6890
City..... (No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Max Sarah Jane 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 Female 4 COLOR OR RACE White 5 Single Married
Married Widowed or Divorced (Write the word)
5a If married, widowed, or divorced HUSBAND of (or) WIFE of
6 DATE OF BIRTH March 26 1871
(Month) (Day) (Year)
7 AGE 75 yrs. 3 mos. 6 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (city or town) (State or country) Muhlenberg

PARENTS

10 NAME OF FATHER Hugh Edwards
11 BIRTHPLACE OF FATHER (city or town) (State or country) West Union
12 MAIDEN NAME OF MOTHER Emma Adkins
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Muhlenberg14 (Informant) Mrs. Wm Newman
(Address) Greenville, Ky15 Filed July 3 1925 B. B. Wickliff, Jr.
M. Wells, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 2 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to July 2, 1925, that I last saw her alive on June 1, 1925 and that death occurred on the date stated above at 11:30 a.m.
The CAUSE OF DEATH* was as follows:
Chronic MyocarditisContributory (Secondary) Chronic Interstitial Nephritis
(Duration) 1 yrs. 1 mos. 1 ds.
(Duration) 2 yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? ✓Did an operation precede death? ✓ Date of ✓Was there an autopsy? noWhat test confirmed diagnosis: Urinalysis & Phys.
(Signed) Wm. D. ...
7/2, 1925 (Address) Greenville, Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Woodland Rd DATE OF BURIAL July 3, 192520 UNDERTAKER M. B. McDonald ADDRESS Greenville, Ky

SEARCHED INDEXED FOR DEEDS

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--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.

W. Wilson