

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

17696

1 PLACE OF DEATH

County MuhlenbergVol. No. South East RegisterInc. Town BrendsvilleCity BrendsvilleRegistration District No. 1093Primary Registration District No. 9436(No. 33 St.                      Ward                     )2 FULL NAME Steno JohnstonFile No.                     Registered No.                     

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single                      Married married Widowed                      or Divorced                      (Write the word)6 DATE OF BIRTH August 3 1925 (Month) (Day) (Year)7 AGE 73 yrs. 11 mos. 24 ds. IF LESS than 1 yr. or less than 1 mo. or less than 1 wk?8 OCCUPATION (a) Trade, profession or particular kind of work. Retired Farmer (b) General nature of industry, business or establishment in which employed (or employer)                     9 BIRTHPLACE (State or country) Muhlenberg county10 NAME OF FATHER George Johnston11 BIRTHPLACE OF FATHER (State or country) Muhlenberg co12 MAIDEN NAME OF MOTHER Winnie Wright13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Chonard Johnson (Address) Brendsville Ky.15 FILED 7/28/26 1926 P. B. Wicks Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 27, 1925 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 19, 1925, to July 27, 1925, that I last saw                      alive on July 27, 1925, and that death occurred on the date stated above at                      M.The CAUSE OF DEATH\* was as follows: Cardiac dropy (Duration)                      yrs.                      mos.                      ds.Contributory (Secondary) unknown (Duration)                      yrs.                      mos.                      ds.(Signed) Henry Y. Staton, M. D. July 27, 1925 (Address) Brendsville 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. 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 DATE OF BURIAL Carters Creer. B. & July 28, 192520 UNDERTAKER ADDRESS M. B. McDonald Brendsville Ky.

WRITING 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 in plain terms on back of certificate.

MARSHAL REGISTERED FOR DEEDS