

10216

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

1. PLACE OF DEATH

County Todd File No. \_\_\_\_\_  
Reg. Dist. No. 1376 Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Susan Wade Johnston  
(a) Residence No. Birkmanville City St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. 7 mos. 14 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, Widowed or Divorced (write the word) Widowed  
6a. If married, widowed, or divorced, name of husband or (or) WIFE of John Johnston  
6. DATE OF BIRTH Sept 22 1841  
7. Age Year 90 Months 7 Days 23 If LESS than 1 day ..... hrs. or ..... min.

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

12. BIRTHPLACE Christiana Co

13. NAME J. L. Langhender

14. BIRTHPLACE Pa.

15. MARRIAGE NAME Nancy Carter Myers

16. BIRTHPLACE Christian Co Ky

17. INFORMANT Wm. H. Johnston  
(Address) 1376 Birkmanville City

18. BURIAL, CREMATION, OR REMOVAL Burial  
Place W. S. Johnston Date Oct 17, 1932

19. UNDERTAKER L. D. Stanton  
(Address) W. S. Johnston

20. FILED 4/30 1932 Geo. S. Hale  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 24 1932 to Apr 24 1932  
I last saw deceased on Apr 24 1932. Death is said to have occurred on the date stated above, at 11 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis Date of onset \_\_\_\_\_

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 \_\_\_\_\_  
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) E. L. [Signature] M. D.  
(Address) W. S. Johnston

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD—should be carefully verified. 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.