

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **14671**

1 PLACE OF DEATH
County **Madison**
Vol. No. **12** Registration District No. **1**
Ino. Town **Nelson** Primary Registration District No. **1**
City (No. St., Ward)

Registered No. **17**
[If death occurred in a hospital or institution, give its NAME (instead of street and number.)]

2 FULL NAME **John Williams King**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **male** 4 COLOR OR RACE **white** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **single**

6 DATE OF BIRTH **Mar 24, 1919**
(Month) (Day) (Year)

7 AGE yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work **carpenter**
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) **Madison Ky**

10 NAME OF FATHER **Vol King**

11 BIRTHPLACE OF FATHER (State or country) **Grayson Ky**

12 MAIDEN NAME OF MOTHER **Theresa W Embrey**

13 BIRTHPLACE OF MOTHER (State or country) **Butler**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Vol King**
(Address) **Nelson Ky**

15 Filed **4/4, 1919** **SO Maple** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **April 3, 1919**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Mar 31**, 1919, to **April 3**, 1919, that I last saw him alive on **April 2**, 1919, and that death occurred on the date stated above at **12:30 pm**. The CAUSE OF DEATH was as follows:
Heart Failure

(Duration) yrs. mos. ds.
Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) **John Williams King**, M. D.
Madison Ky, 1919. (Address) **Madison 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 **Nelson Creek** DATE OF BURIAL **4/4, 1919**

20 UNDERTAKER **Martin Moore** ADDRESS **Central City Ky**

N. B.—Every item of information 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.