

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

41301

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. 19

Registration District No. 7139

Ino. Town..... Primary Registration District No.

City..... (No. St., Ward)

FULL NAME Johnnie Weiden

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

DELAY

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 18, 1918
(Month) (Day) (Year)

7 AGE 3 yrs. 7 mos. 14 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Illinois

10 NAME OF FATHER Leather Weiden

11 BIRTHPLACE OF FATHER (State or country) Ill

12 MAIDEN NAME OF MOTHER Marie Weinger

13 BIRTHPLACE OF MOTHER (State or country) Illinois

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joy Boyd
(Address) Martwick Ky

15 Filed 11/13, 1918 S. O. Meape REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 13, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1918 to Nov 14, 1918, that I last saw him alive on Nov 10, 1918, and that death occurred on the date stated above at 7 p.m. The CAUSE OF DEATH* was as follows:

influenza of pneumonia
(Duration)..... yrs..... mos. 87 ds.

Contributory (SECONDARY) pneumonia
(Duration)..... yrs..... mos. 5 ds.
(Signed) Judith ...
Nov. 12, 1918 (Address) Westfield

*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. 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 Fork DATE OF BURIAL 11/13, 1918

20 UNDERTAKER McDonald & Bell ADDRESS Westfield Greenville

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. Instructions on back of certificate.