

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

1 PLACE OF DEATH
County Muhlenberg
Vol. 8
Inc. Town Peru
City _____ (No. _____, St. _____, Ward _____)

File No. 33188
Registered No. 7128

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

2 FULL NAME W. J. Mohon

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

16 DATE OF DEATH Dec. 19, 1913
(Month) (Day) (Year)

6 DATE OF BIRTH Aug 30, 1859
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1913, to Dec 19, 1913,

7 AGE 54 yrs. 5 mos. 1 ds. If LESS than 1 day ____ hrs. or ____ min.?

that I last saw him alive on Dec 19, 1913,

and that death occurred, on the date stated above, at 2 P.M.

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

The CAUSE OF DEATH* was as follows:

Peritonitis

9 BIRTHPLACE (State or country) Ky.

(Duration) ____ yrs. ____ mos. 2 ds.

Contributory Carcinoma of Pancreas
(SECONDARY)

10 NAME OF FATHER John Mohon

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) E. M. Bewley M. D.

11 BIRTHPLACE OF FATHER (State or country) Virginia

Jan. 10, 1914 (Address) Peru, Ky.

12 MAIDEN NAME OF MOTHER Emmalyn Guppy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

(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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

19 PLACE OF BURIAL OR REMOVAL Myers Chapel DATE OF BURIAL Dec. 19, 1913

(Informant) R. Y. Mohon
(Address) Post Ky.

20 UNDERTAKER Patrick & Peru, Ky. ADDRESS _____

15 Filed Jan 10, 1914 H. M. C. Bewley REGISTRAR