

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

27871

File No.

Registered No.

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

1 PLACE OF DEATHCounty Mt. VernonVot. Pct. W.C. HouseRegistration District No. 871

Inc. Town.....

Primary Registration District No. 7131

City.....

(No. St., Ward)

2 FULL NAMEJohn Oliver**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
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6 DATE OF BIRTH
unknown Mar 20
(Month) (Day) (Year)7 AGE
72 yrs. 8 mos. 21 ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. farmer
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country)
unknown. Tenn?

PARENTS	10 NAME OF FATHER <u>?</u> <u>unknown</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>?</u> <u>unknown</u>
	12 MAIDEN NAME OF MOTHER <u>?</u> <u>unknown</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>?</u> <u>unknown</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. Coombs
(Address) White Plain RFD # 115 Filed 12/2/21 1921
O. Dickliffe
murres Registrar**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH
Dec - 12, 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1921, to Dec 12, 1921, that I last saw him alive on Dec 11, 1921, and that death occurred on the date stated above at 1:30 p.m.
The CAUSE OF DEATH* was as follows:Asphyxiation
Oedema of the glottis
..... (Duration) yrs. mos. 2 ds.Contributory infection and cellulitis of
(Secondary) larynx & neck..... (Duration) yrs. mos. 3 ds.
(Signed) B. W. Smock, M. D.
Dec - 12, 1921 (Address) Greenwich, 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 yrs. mos. ds. In the
of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted,
if not at place of death?.....
Former or usual residence19 PLACE OF BURIAL OR REMOVAL
Verona Grove, Dec 2, 192120 UNDERTAKER
McDonald & Smith, Greenwich
ADDRESS

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. See instructions on back of certificate.