

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17676

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. _____

Inc. Town Cretzfeld City

City _____

Registration District No. 1087Primary Registration District No. 2435

(No. _____ St., _____ Ward)

File No. _____

Registered No. 46

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

2 FULL NAME J. W. Oney

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH June 27, 1887
(Month) (Day) (Year)7 AGE 68 yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Va.

PARENTS

10 NAME OF FATHER Patent Oney11 BIRTHPLACE OF FATHER (State or country) Va.12 MAIDEN NAME OF MOTHER Miss Aelzie13 BIRTHPLACE OF MOTHER (State or country) Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. De Busk
(Address) Belburn Ind.15 Filed 8/1, 1925 A. G. Daugherty
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 27, 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased DEATH
from June 20, 1925 to June 27, 1925,
that I last saw him alive on June 26, 1925,
and that death occurred on the date stated above at 7:10 p.m.The CAUSE OF DEATH* was as follows:
Plague meningitidis

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

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Chas. S. ... M. D.
6-27-1925 (Address) Cretzfeld City, Va.

*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 _____ 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 Fairmount DATE OF BURIAL June 28, 192520 UNDERTAKER Arthur L. Moley ADDRESS Q. City.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

21. 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.