

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

28674

1 PLACE OF DEATH

County MartinVet. Post West Progress

Ins. Town .....

City .....

Registration District No. 1093Primary Registration District No. 6533

(No. .... St. .... Ward)

2 FULL NAME John Scott

File No. ....

Registered No. ....

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

## 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 Oct 17 - 1861  
(Month) (Day) (Year)7 AGE 63 yrs. 1 mos. 8 ds. IF LESS than 1 day ... hrs. or ... min?8 OCCUPATION  
(a) Trade, profession or particular kind of work. Farming  
(b) General nature of industry, business or establishment in which employed (or employer) .....9 BIRTHPLACE (State or country) Edmonson Co Ky10 NAME OF FATHER Scott11 BIRTHPLACE OF FATHER (State or country) Edm12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country) .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Scott(Address) Duport Ky15 FILED 12/8/1924 192 P. Wickliffe Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 25 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 20, 1924, to Nov 25, 1924, that I last saw him alive on Nov 25, 1924, and that death occurred on the date stated above at 12 m.

The CAUSE OF DEATH\* was as follows:

Pernicious AnemiaContributory (Secondary) Pyorrhoea  
(Duration) ... yrs. ... mos. ... ds.(Signed) B. G. Angerite, M. D.  
Nov 25, 1924 (Address) Duport 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 Wendover Bldg DATE OF BURIAL Nov 25, 192420 UNDERTAKER M B McDonald ADDRESS Germville 76WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
Every item of information should be carefully supplied. AGE should be stated in full. PHYSICIANS should state CAUSE OF DEATH in plain terms, and it may be properly classified. Exact percent of OCCUPATION is very important. See instructions on back of certificate.