

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

1 PLACE OF DEATH

County of Muhlenberg

Vol. No. 15

Registration District No. 2135

Ino. Town Chester

Primary Registration District No.

City (No. St., Ward)

File No. 20735

Registered No. 7

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

2 FULL NAME John J. Tanner

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 date)

6 DATE OF DEATH July 1, 1917
(Month) (Day) (Year)

7 DATE OF BIRTH Nov 20, 1897
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 19, 1917, to July 1, 1917, that I last saw him alive on June 20, 1917, and that death occurred on the date stated above at 9 a.m. The CAUSE OF DEATH* was as follows:
Dysentery

7 AGE 27 yrs. 7 mos. 10 ds. IF LESS than 1 day ... hrs. or ... min.?

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

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

9 BIRTHPLACE (State or country) Ky

Contributory (SECONDARY)

PARENTS

10 NAME OF FATHER JM Tanner

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Maggie Hunter

13 BIRTHPLACE OF MOTHER (State or country) Ky

(Signed) LeRoy Phillips M. D.
July 1, 1917 (Address) Chester, Ky

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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?

19 PLACE OF BURIAL OR REMOVAL Wenson Ky DATE OF BURIAL July 2, 1917

20 UNDERTAKER J. L. Thomas ADDRESS Chester, Ky

(Informant) JM Tanner
(Address) Chester, Ky

Filed 7-1-1917 W.H. Moore REGISTRAR

cc/2092
7-28-17

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.