

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

32000

1 PLACE OF DEATH

County Magalloway

Vot. Prec. \_\_\_\_\_

Registration District No. 1089

File No. \_\_\_\_\_

Inc. Town Centerville

Primary Registration District No. 2435

Registered No. 128

City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

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

2 FULL NAME J. Dan Brown Lyddell

(a) Residence No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widowed  
Married  
Widowed  
or Divorced  
(Write the word)

5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH April 20th 1864  
(Month) (Day) (Year)

7 AGE 44 yrs. 8 mos. 5 ds. IF LESS than 1  
day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) Petersburg  
(State or country)

PARENTS  
10 NAME OF FATHER Arthur Johnson  
11 BIRTHPLACE OF FATHER (city or town) Petersburg  
(State or country)  
12 MAIDEN NAME OF MOTHER Janie Manzey  
13 BIRTHPLACE OF MOTHER (city or town) Madison  
(State or country)

14 (Informant) Janie Lyddell  
(Address) Centerville, Ky.

15 Filled 12-27, 1928 - A. L. Blueford  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 25, 1928  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July, 1926 to Dec 25, 1928, that last saw her alive on Dec. 25, 1928, and that death occurred on the date stated above at 8 a.m. The CAUSE OF DEATH\* was as follows:  
Renaliphlegia

\_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? High Blood Count

(Signed) Wesley G. Gales M. D.  
Dec 25 1928 (Address) Centerville, Ky.

\*State the Disease Causing Death, or, in deaths from violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Switzerland Cemetery DATE OF BURIAL 12/27, 1928

20 UNDERTAKER W. J. Anderson ADDRESS Centerville, Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN/S 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.

MACHINE REPRODUCED FOR RECORDING