

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

File No. **15949**
Registered No. **11**

1 PLACE OF DEATH

County **Muhlenberg**Vot. Pct. **Graham**

Inc. Town.....

City.....

Registration District No. **1096**

Primary Registration District No.....

(No. **2** St., Ward)2 FULL NAME **John Tyson**

(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 Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH **May 18 1948**
(Month) (Day) (Year)

7 AGE **80** yrs. mos. ds. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) **Kentucky**

10 NAME OF FATHER **Tom Tyson**

11 BIRTHPLACE OF FATHER (State or country) **Kentucky**

12 MAIDEN NAME OF MOTHER **Rebecca Merar**

13 BIRTHPLACE OF MOTHER (State or country) **Kentucky**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Horis Tyson**

(Address) **Graham Ky**

Filed **7/10 8** 192 **8** **J. Keener** Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **June 12 1928**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **6-8-1928** to **6-12-1928**, that I last saw him alive on **6-8-1928**, and that death occurred on the date stated above at **6 a.m.**

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. **6** ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) **T. F. Edge**, M. D.
12 1928 (Address) **Graham 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 State yrs. mos. ds.

Where was disease contracted,

if not at place of death?.....

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Cleason Hill B.S. **June** 192**8**

20 UNDERTAKER ADDRESS

M B McDonald Greenville Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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