

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

## 1 PLACE OF DEATH

County MuhlenbergVot. Pot. 32Ino. Town Grakboro KyCity Grakboro KyRegistration District No. 2437Primary Registration District No. 2437

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

File No. 15956Registered No. 30

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

2 FULL NAME John W. Wain

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE col. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Child  
(Write the word)

6 DATE OF BIRTH Jan. 19, 1921  
(Month) (Day) (Year)

7 AGE 5 29 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg

10 NAME OF FATHER Wilson Wain

11 BIRTHPLACE OF FATHER (State or country) Greenville Ky

12 MAIDEN NAME OF MOTHER Lula Martin

13 BIRTHPLACE OF MOTHER (State or country) Greenville Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wilson Wain(Address) Grakboro Ky

15 Filed 7/19, 1921 J. P. Simmel  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 18, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1921, to July 18, 1921, that I last saw him alive on July 18, 1921, and that death occurred on the date stated above at 12 p.m. The CAUSE OF DEATH\* was as follows:

Enterocolitis

Contributory (SECONDARY) Artificial feeding

(Duration) ... yrs. ... mos. 10 ds.

(Signed) A. D. Neumann M. D.

July 19, 1921 (Address) Grakboro 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 Greenville Ky DATE OF BURIAL July 20, 1921

20 UNDERTAKER Joe George ADDRESS Greenville