

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12109

1 PLACE OF DEATH

County MulenburgVol. No. Penrod # 8

Inc. Town.....

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

Registration District No. 2128

Primary Registration District No.....

File No.....

Registered No.....

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

2 FULL NAME John Wyatt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word) M6 DATE OF BIRTH 4-5-1922
(Month) (Day) (Year)7 AGE 69 yrs. 6 mos 28 ds.
IF LESS than 1 day..... hrs. or..... min?8 OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Josh Wyatt11 BIRTHPLACE OF FATHER (State or country) Mo12 MAIDEN NAME OF MOTHER M. Mathena13 BIRTHPLACE OF MOTHER (State or country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leonard Wyatt
(Address) post15 Filed 5/15, 1922, Hallie Bewley
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4-1-1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 1922, to 1922, that I last saw DECEASED alive on 3-26, 1922, and that death occurred on the date stated above at 2:35 p.m.The CAUSE OF DEATH* was as follows:
Strangulated Hernia
(Duration) yrs. mos. 9 ds.Contributory (Secondary)
(Duration) yrs. mos. ds.(Signed) Ed Harvey, M. D.
4-1, 1922 (Address) Beach Creek
*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 DATE OF BURIAL

Union Ridge 1922

20 UNDERTAKER ADDRESS

R. H. Stewart Beach Creek

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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. EL statement of OCCUPATION is very important. See instructions on back of certificate.