Form V. S. 1—30m—8-25-23

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

11173

File No.

Registered No. 9

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

1 PLACE OF DEATH

County Jefferson

Vet. Pet.

Registration District No. 1087

Inc. Town

Primary Registration District No. 4445

City Louisville (No. St., Ward)

2 FULL NAME John D. Pearlman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH March 8 1843
(Month) (Day) (Year)

7 AGE 83 yrs. — mos. 4 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) Kentucky

PARENTS

10 NAME OF FATHER Ben Pearlman

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Polly Hensley

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Burd Pearlman

(Address) Louisville Ky

15 Filed 4/1, 1926 A. L. Shacklett Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 12 Th, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926 to March 12, 1926, that I last saw him alive on March 12, 1926, and that death occurred on the date stated above at 1st P m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

Contributory (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Jno S Shelton M.D.

March 13, 1926. (Address) Louisville 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 Fairmount Cemetery — DATE OF BURIAL 3/13, 1926

20 UNDERTAKER E J Anderson — ADDRESS Louisville Ky

11—6184

R. B.—Every item of information should be carefully supplied. AGE should be EXACTLY stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING