

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

PLACE OF DEATH
County Washington
Vol. Beech Creek, 117
Inc. 172
City (No. St. Ward)

File No. 293
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME John C. Robinson

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male
2 COLOR OR RACE white
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married
4 DATE OF BIRTH April 19, 1894
(Month) (Day) (Year)
5 AGE seventy nine & 4 If LESS than 1 day... hrs. or... min.?
79 yrs. 8 mos. 4 ds.
6 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business, or establishment in which employed (or employer)
7 BIRTHPLACE (State or country) Rock County Ky

PARENTS
10 NAME OF FATHER Alfred Robinson
11 BIRTHPLACE OF FATHER (State or country) Mad County Ky
12 MAIDEN NAME OF MOTHER Mary Frances
13 BIRTHPLACE OF MOTHER (State or country) Mad County Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Graper
(Address) Beech Creek Ky

15 FILED 1-29-1913 J. R. Kimmick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 17, 1913
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from July 1, 1913, to Nov 17, 1913, that I last saw him alive on Nov 1, 1913, and that death occurred, on the date stated above, at 2 a.m.
The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration) yrs. 3 mos. 5 ds.
Contributory (SECONDARY) _____
(Duration) yrs. _____ mos. _____ ds.
(Signed) N. F. White, M. D.
1-17-1913 (Address) Beech Creek, 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 Hazel Creek DATE OF BURIAL 12-18-1913

20 UNDERTAKER P. A. Fomph ADDRESS York

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

2. 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.