

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVot. Pct. Central City 14Registration District No. 1870

Inc. Town

Primary Registration District No. 2435City Central City 14 (No. 14)

St. _____ Ward _____

2 FULL NAME John WilsonFile No. 14172Registered No. 20

(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 col. 5 Single married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Jan 1922
(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
(b) General nature of industry, business or establishment in which employed (or employer) coal miner9 BIRTHPLACE (State or country) Bardstowr Ky10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (State or country) unknown12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Wilson(Address) Central City 1415 Filed 2/15, 1922 A. L. Bluff
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 12, 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1922, to Feb 12, 1922, that I last saw him alive on Feb 12, 1922, and that death occurred on the date stated above at 1:30 p.m.The CAUSE OF DEATH* was as follows:
Star Inflammation(Duration) _____ yrs. _____ mos. 8 ds.
Contributory (Secondary) Influenza
(Duration) _____ yrs. _____ mos. 6 ds.(Signed) E. J. Bradley, M. D.
2-15, 1922 (Address) Central City

*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 Bluff Central City 14 DATE OF BURIAL Feb 14, 192220 UNDERTAKER Joe E. Long ADDRESS Summit 14

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 text, so that it may be properly classified. EX statement of OCCUPATION is very important. See instructions on back of certificate.