

10313

Form V. S. 1-50m-11-2-28
1 PLACE OF DEATH

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

File No. _____
Registered No. _____

County Warren

Vot. Pct. No. 2

Registration District No. 1410

Ine. Town _____

Primary Registration District No. 1212

City _____

(No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give NAME instead of street and number)

2 FULL NAME John Cherry

(a) Residence. No. _____ St. _____ Ward. _____

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)

16 DATE OF DEATH March 23, 1932
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

17 I HEREBY CERTIFY, That I attended deceased
from Jan 1, 1931, to Mar 23, 1932
that I last saw him alive on March 22, 1932
and that death occurred on the date stated above at _____
The CAUSE OF DEATH* was as follows:
Tuberculosis Pulmonary

6 DATE OF BIRTH Sept 23 1877
(Month) (Day) (Year)

7 AGE 54 yrs. 6 mos. 4 ds.
IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer) _____

Contributory no
(Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) (State or country) Kentucky

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____

PARENTS
10 NAME OF FATHER Matt Cherry
11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee
12 MAIDEN NAME OF MOTHER Mary Ann Moss
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? Chemical
(Signed) W. C. Simmons, M. D.
Mar 23 1932 (Address) Smiths Grove Ky

14 (Informant) Mr. B. H. Denton
(Address) Smiths Grove Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

15 Filed Apr 1932 W. C. Simmons
Registrar

19 PLACE OF BURIAL OR REMOVAL D. O. F. Home DATE OF BURIAL Apr 1932
20 UNDERTAKER F. B. Hardy ADDRESS Smiths Grove Ky

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

ATTN