

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

25813

1 PLACE OF DEATH

County *Allen*

Vol. No. *Purdum*

Registration District No. *4620 395 #*

Inc. Town

Primary Registration District No. *5*

City

(No. *0*) Ward

File No. *12*

Registered No. *4*

(If death occurred in a hospital, nursing home, or other institution, give its name, address of street and number.)

2 FULL NAME *John Irvin Crisp*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
(Write the word)

6 DATE OF BIRTH *11 25, 1837*
(Month) (Day) (Year)

7 AGE *84* yrs. *6* mos. *19* 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) *Tennessee*

10 NAME OF FATHER *Jessie Crisp*

11 BIRTHPLACE OF FATHER (State or country) *Tennessee*

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs W. E. Wood*

(Address) *Tracy, Ky.*

15 Filed *12/1*, 1922 *Delia Thomas*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 8, 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov. 21, 1921*, to *April 5, 1922*, that I last saw him alive on *April 5, 1922* and that death occurred on the date stated above at *9 a.m.* The CAUSE OF DEATH* was as follows:

Tuberculosis of Bowels

(Duration) *4* yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *C. E. Hanes*, M. D.

June 7, 1922 (Address) *Lafayette, Tenn.*

*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. State... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Mountain Run* DATE OF BURIAL *6/10, 1922*

20 UNDERTAKER *C. G. Dillard* ADDRESS *Lafayette, Tenn.*

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

E. 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.