

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

14175

File No. _____

Registered No. 10

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

1 GRADE OF DEATH

County MuhlenbergVol. No. 5Registration District No. 870Inc. Town Central City Primary Registration District No. 5435

City _____

(No. _____)

St. _____

Ward _____

3 FULL NAME John A. Frushier

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH September 10, 1877
 (Month) (Day) (Year)

7 AGE 77 yrs. mos. ds.
 IF LESS than 1 day or mos. or yrs.

8 OCCUPATION
 (a) Trade, profession or particular kind of work. Retired
 (b) General nature of industry, business or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.

10 NAME OF FATHER John P. Frushier

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Scott

13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. G. H. Hays(Address) Central City, Ky.File 4/15, 1921 a. L. Campbell Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH November 6, 1921
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 3 11²¹, 1921, to Nov 6, 1921, that I last saw him alive on Nov 6, 1921, and that death occurred on the date stated above at 7:30 m.

The CAUSE OF DEATH* was as follows:
Apoplexy
 (Duration) 2 yrs. 3 mos. 3 ds.

Contributory (Secondary) _____
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. M. Ferguson, M. D.
Nov 6, 1921 (Address) Central City, 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 _____ In the _____
 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 Central City, Ky. DATE OF BURIAL Nov 7, 1921

20 UNDERTAKER Martin L. Jones ADDRESS Central City, Ky.

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

1. In every item of information to be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. 2. State the GRADE OF OCCUPATION in very important. 3. See instructions on back of certificate.