FORM V S. 1-500M 6 20-11

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. .....

Registered No. 52 [redacted] 37

[If death in hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. A. 6

Reg. District No. 872

Inc. Town Drakesboro

Primary Registration District No. 2437

City ..... (No. ..... St., ... Ward)

2 FULL NAME Burnet Earl Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Infant

6 DATE OF BIRTH: March 21, 1917 (Month) (Day) (Year)

7 AGE: ....yrs. 6 mos. 18 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) .....

9 BIRTHPLACE (State or country): Hopkins Co

PARENTS

10 NAME OF FATHER: M. C. Johnson

11 BIRTHPLACE OF FATHER (State or country): Warren Co

12 MAIDEN NAME OF MOTHER: Carlile

13 BIRTHPLACE OF MOTHER (State or country): Hopkins Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. C. Johnson

(Address) Drakesboro Ky

15 Filed 11/18, 1917 J. R. Kimmel Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 17, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1917, to Nov 17, 1917, that I last saw him alive on Nov 17, 1917, and that death occurred on the date stated above at 5 P.M. The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

.....

.....

.....(Duration).....yrs.....mos.....ds.

Contributory (SECONDARY) .....

.....(Duration).....yrs.....mos.....ds.

(Signed) J. D. Crowdeff, M. D.

Nov 17, 1917. (Address) Drakesboro 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: New Salem

DATE OF BURIAL: Nov 19, 1917

20 UNDERTAKER: C. H. Bridges

ADDRESS: Drakesboro Ky

11—3184

N. 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.