

Howard, Jordan Wyatt 1870 - 1924



FORM V-8 1-5008 8-20-11

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

1 PLACE OF DEATH
County Estille
Vol. West-Irvine Registration District No. 445 File No. 13542
Inc. Town West-Irvine Ky Primary Registration District No. 5012 Registered No. _____
City West-Irvine Ky (No. _____) St. _____ Ward _____
2 FULL NAME J. W. Howard (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>	16 DATE OF DEATH <u>Feb 17 1924</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>Oct 14 1870</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 12 1924</u> to <u>Feb 17 1924</u> that I last saw him alive on <u>Feb 17 1924</u> and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows: <u>Nephritis</u>
7 AGE <u>54</u> yrs. <u>4</u> mos. _____ ds. IF LESS than 1 day... hrs. or... min.?			
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Lumberman</u> (b) General nature of industry business or establishment in which employed (or employer)			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>C. Marcum</u> M. D. _____, 191... (Address) <u>Irvine Ky</u>
9 BIRTHPLACE (State or country) <u>Ky.</u>			
10 NAME OF FATHER <u>J. W. Howard</u>			
11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>			*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, TRANSPORTS 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 _____
12 MAIDEN NAME OF MOTHER <u>Louisa Wyatt</u>			
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Winchester Ky</u> DATE OF BURIAL <u>2-18 1924</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs B L G. Goe</u> (Address) <u>West-Irvine Ky</u>			20 UNDERTAKER <u>J. S. Wilson</u> ADDRESS <u>Irvine Ky</u>
15 Filed <u>7/10 1924</u> <u>Carrie Mitchell</u> REGISTRAR			

11-3184