

Howard, Susie Johnston 1873 - 1929

Form V, S. 1-50m-4-17-23

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

25931

1 PLACE OF DEATH
County Madison Registration District No. 447 File No. _____
Vet. Post Ramona Primary Registration District No. 2161 Registered No. _____
Inc. Town _____ City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susie Howard

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> or Divorced <input type="checkbox"/> (Write the word) <u>W</u>	16 DATE OF DEATH <u>Sept 10</u> , 19 <u>29</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>March 1</u> , 19 <u>27</u> , to <u>Sept 10</u> , 19 <u>29</u> , that I last saw her alive on <u>Sept 10</u> , 19 <u>29</u> , and that death occurred on the date stated above at <u>3 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Chronic Myocarditis</u>	
6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			(Duration) _____ yrs. _____ mos. _____ ds.		
6 DATE OF BIRTH <u>May 5</u> , 18 <u>75</u> (Month) (Day) (Year)			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
7 AGE <u>54</u> yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?			13 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? <u>no</u> . Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? _____ (Signed) <u>Walter C. Cox</u> , M. D. <u>Sept 12, 1929</u> . (Address) <u>Home, Ky.</u>		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			*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.)		
9 BIRTHPLACE (city or town) <u>Ky.</u> (State or country)			19 PLACE OF BURIAL OR REMOVAL <u>Wanchester, Ky.</u> DATE OF BURIAL <u>Sept 12, 1929</u>		
PARENTS	10 NAME OF FATHER <u>James H. Johnston</u>		20 UNDERTAKER <u>W. Wilson</u>		
	11 BIRTHPLACE OF FATHER (city or town) <u>Ky.</u> (State or country)		ADDRESS <u>Home, Ky.</u>		
	12 MAIDEN NAME OF MOTHER <u>Sarah M. Cristy</u>				
13 BIRTHPLACE OF MOTHER (city or town) <u>Ky.</u> (State or country)					
14 (Informant) <u>R. H. Thompson</u> (Address) <u>Ford, Ky.</u>					
15 Filed <u>Nov. 7, 1929</u> <u>Hazel Swanda</u> Registrar					

*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.