

Johnson, Gary Steven 1947 - 1948



Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 24200
Registrar's No. 62

Registration District No. 1480 Primary Registration District No. 2590

1. PLACE OF DEATH:
(a) County WOODFORD
(b) City or town RURAL
(c) Name of hospital or institution:
(d) Length of stay: In hospital or community _____
(e) If foreign born, how long in U. S. A.?

2. USUAL RESIDENCE OF DECEASED:
(a) State KY. (b) County WOODFORD
(c) City or town RURAL
(d) Street No. ROUTE 1 - MIDWAY
(e) If foreign born, how long in U. S. A.?

3(a) FULL NAME GARY STEPHEN JOHNSON
3(b) If veteran, Name war _____ No. _____
3(c) Social Security No. _____

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced S

6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased JULY 20 1947
(Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 24 If less than one day _____ min.

9. Birthplace LEXINGTON, KY.

10. Usual occupation _____
11. Industry or business _____

FATHER { 12. Name RUSSELL C. JOHNSON
13. Birthplace SCOTT COUNTY

MOTHER { 14. Maiden name RUBY C. KING
15. Birthplace SCOTT COUNTY

16(a) Informant's own signature Russell C. Johnson
(b) Address ROUTE 1 - MIDWAY, KY.

17. BURIAL, CREMATION, OR REMOVAL
Place GEORGETOWN (KY) CEM. Date Nov. 15, 1948

18(a) Signature of funeral director Johnson's Funeral Home
(b) Address Georgetown Ky

19(a) 11-18-48 (Date received by local registrar) (b) M. S. G. Galt (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Nov. 13 1948
21. I hereby certify that I attended the deceased from 1947 19 _____
to 11/13/48 19 _____ that I last saw him alive on 11/12/48 19 _____ and that death occurred on the date stated above at 6:30 A. M.
Immediate cause of death Broncho pneumonia
Diarrhea, Sunday to 3 days
Due to _____
Other conditions accident dehydration Sunday to 11/2
Prongolism - congenital
Major findings: _____
Of operations None 119A-107
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Alexander M D
Address 109 E. Pleasant Lexington, Ky Date signed 11/16/48

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.