

Georgetown Times - July 30, 1941

Spotted Fever Fatal To J. L. Johnson Friday

Jesse Lee Johnson, age 45, died Friday morning at the John Graves Ford Memorial hospital after a week's illness of Rocky Mountain spotted fever.

Mr. Johnson was a prominent and prosperous farmer of the Turkeyfoot neighborhood. He was a member of the Turkeyfoot Christian church and a member of the Scott Post No. 24 American Legion.

Survivors are his parents, Mr. and Mrs. Joe Lee Johnson, of Scott County; his wife, Mrs. Ethel Burgess Johnson and two daughters, Misses Eugenia and Martha Johnson; two sons, J. K. and Owen Lee Johnson, all of this county; seven sisters, Mrs. Odville Hanna, Mrs. Grover Duncan, Mrs. Bradford Underwood and Miss Cora Edith Johnson of Scott county, Mrs. Verdie Towles of Fayette county, Mrs. Frank Pullen of Marian, Indiana, and Mrs. Ernest Downard of Cincinnati; four brothers, Russell Johnson, of Dayton, Ohio, Albert, Roy Weldon and Buford Clay Johnson, all of the county, and several nieces and nephews.

Funeral services were held Sunday at the Turkeyfoot Christian Church with the Rev. Howell Crowder of Lexington conducting the services and assisted by the Rev. L. R. Steele, regular pastor. Interment was in the Georgetown cemetery with the American Legion services at the grave.

Casketbearers were Horace Gatewood, Wm. Blackburn, Orville Oldham, F. W. Hood, Walter Atkins, Frank Canan, F. C. Nichols, Glover Cassity.



Johnson, Jessie Lee 1896 - 1941

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. **18543**
 Registrar's No. **2575**
 1330

Registration District No. **1330** Primary Registration District No. **1330**

1. PLACE OF DEATH:
 (a) County **Scott Co;**
 (b) City or town **Georgetown, Ky**
 (c) Name of hospital or institution: **John Graves Mem. Hospital**
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Ky** (b) County **Scott**
 (c) City or town **Georgetown**
 (If outside city or town limits, write RURAL)
 (d) Street No. **Rural Route**
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A.?

3(a) FULL NAME **JESSE LEE JOHNSON**
 3(b) If veteran, Name war **World War** 3(c) Social Security No.
 4. Sex **M** 5. Color or race **W** 6(a) Single, widowed, married, divorced **MARRIED**
 6(b) Name of husband or wife **Mrs Ethel Burgess Johnson**
 6(c) Age of husband or wife if alive **46** Years
 7. Birth date of deceased **April 8 1896**
 (Month) (Day) (Year)
 8. AGE: Years **45** Months **3** Days **17** If less than one day hr. min.
 9. Birthplace **Scott Co; Ky**
 10. Usual occupation **Farmer**
 11. Industry or business
 12. Name **Joe Lee Johnson**
 13. Birthplace **Scott Co; Ky**
 14. Maiden name **Martha Mullin**
 15. Birthplace **Scott Co; Ky**
 16(a) Informant's own signature **Eugenia Johnson**
 (b) Address **Sad. by R. 2 r.**
 17. BURIAL, CREMATION, OR REMOVAL
 Place **Georgetown Cem.** Date **July 27 41**
 18(a) Signature of funeral director **Phunt Sun Horne**
 (b) Address **Georgetown, Ky**
 19(a) **8-15-41** (Date received by local registrar) (b) **Benedict Lawler** (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH **July 25 1941**
 21. I hereby certify that I attended the deceased from **7-13 1941** to **7-25 1941**, that I last saw him alive on **7-25 1941** and that death occurred on the date stated above at **8 P. M.**
 Immediate cause of death **Racoon Mountains Splintered Fever** DURATION: **12 days**
 Due to **39C**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 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 **W. S. Alphin M. D.** (M. D. or other)
 Address **Georgetown** Date signed **7-25-41**

N. B.—WRITE PLAINLY WITH INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully stated EXACTLY. FAMILIAR NAMES should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Q.P. 2584 8/13/41