

FORM V. D. 1-200 W. 10-10-10

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

1 PLACE OF DEATH
County Scott
Vol. Pat. McFarland
Ino. Town.....
City..... (No..... St.)..... Ward.....

File No. 13809
Registered No. 6
(If death occurred in a hospital or institution, give the NAME instead of street and number.)

2 FULL NAME Ruby Johnson

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	10 DATE OF DEATH <u>May 2, 1912</u> (Month) (Day) (Year)	11 I HEREBY CERTIFY, That I attended deceased from <u>May 2, 1912</u> , to <u>May 2, 1912</u> , that I last saw her alive on <u>May 2, 1912</u> , and that death occurred, on the date stated above, at <u>9:30 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Asphyxiation</u>
6 DATE OF BIRTH <u>May 2, 1912</u> (Month) (Day) (Year)	7 AGE <u>about 30 minutes</u> yrs. mos. ds. If LESS than 1 day - hrs. or 30 min.?	8 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer)	9 BIRTHPLACE (State or country) <u>Scott Co. Ky.</u>	
9 BIRTHPLACE (State or country) <u>Scott Co. Ky.</u>			Contributory (Secondary) (Duration) yrs. mos. ds.	
10 NAME OF FATHER <u>Joseph Lee Johnson</u>			(Signed) <u>C. J. Lancaster</u> M. D. <u>May 3, 1912</u> (Address) <u>Josephine Ky.</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Scott Co. Ky.</u>			*State the DISEASE CAUSING DEATH or a death from VIOLENT CAUSE, state (1) NATURE OF INJURY (and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL)	
12 MAIDEN NAME OF MOTHER <u>Martha Mullen</u>			13 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	
13 BIRTHPLACE OF MOTHER (State or country) <u>Harrison Co. W. Va.</u>			14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>C. J. Lancaster</u> (Address) <u>Josephine</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			15 PLACE OF BURIAL OR REMOVAL <u>Home burying ground</u>	
15 FILED <u>May 14, 1912</u> <u>Lab. Lane</u> REGISTRAR			DATE OF BURIAL <u>5/2, 1912</u>	
16			17 UNDERTAKER <u>Lab. Lane</u>	
17			ADDRESS	

11-8194

7. B. - Every item of information should be carefully supplied. AGE should be stated ELASTICALLY. PHYSICIAN 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.