

Rankin, John W 1919 - 1921

Form V. S. 1-125m-4-19-19

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

1 PLACE OF DEATH
 County Bourbon

Vot. Pot. _____ Registration District No. 2040

Inc. Town _____ Primary Registration District No. _____

City Paris (No. _____ St. _____ Ward _____)

2 FULL NAME J. W. Rankin, Jr.

File No. 7146
 Registered No. 34
 (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 (Write the word) <u>Single</u>	16 DATE OF DEATH <u>Apr. 19, 1921</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Apr. 27, 1919</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Apr. 9, 1921</u> , to <u>Apr. 18, 1921</u> , that I last saw him alive on <u>Apr. 18, 1921</u> , and that death occurred on the date stated above at <u>2 a.m.</u>	
7 AGE <u>1</u> yrs. <u>10</u> mos. <u>22</u> ds.			The CAUSE OF DEATH* was as follows: <u>Syphilis</u> (Duration) _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>✓</u>			Contributory (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Ky.</u>			(Signed) <u>John C. Carter</u> M. D. 1921 (Address) <u>Paris, Ky.</u>	
PARENTS	10 NAME OF FATHER <u>Wm. L. Rankin</u>		*State the Disease Causing Death, or, in deaths from violent causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.	
	12 MAIDEN NAME OF MOTHER <u>Jane Lee Anderson</u>		Where was disease contracted, _____ If not at place of death? _____ Former or usual residence _____	
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Paris Cemetery</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>H. L. Rankin</u> (Address) <u>Paris, Ky.</u>			DATE OF BURIAL <u>Apr. 20, 1921</u>	
15 Filed <u>5-9</u> , 1921 <u>Lena Talbot</u> Registrar			20 UNDERTAKER <u>Geo. R. Davis</u> ADDRESS <u>Paris, Ky.</u>	

11-5184

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.