

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

File No. 3107

1. PLACE OF DEATH

County BOYD
Vtd. Pct. 4085
Inc. Town ASHLAND
City KENTUCKY

Registration District No. 103
Primary Registration District No. 2046

Registered No. 44

2. FULL NAME

JOHN H. BUNNER (If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence No. 3008 So. 29th Ward _____ (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

3. SEX MALE 4. COLOR OR RACE WHITE 5. Single, Married, Widowed or Divorced (write the word) WIDOWED
6. DATE OF BIRTH 9-2-7-1863
7. AGE 75 yrs. 1 month 24 days

8. Trade, profession, or particular kind of work done, or spinner, weaver, bookkeeper, etc. FARMER
9. Industry or business in which work was done, or still does, sawmill, bank, etc.
10. Trade deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE KENTUCKY

13. NAME JOHN BUNNER

14. BIRTHPLACE KENTUCKY

15. MAIDEN NAME DONT-KNOW

16. BIRTHPLACE " "

17. INFORMANT PEARL BARKER
(Address) SALT-LICK KY

18. BURIAL, CREMATION, OR REMOVAL
Place JONES Date FEB 4 1939

19. UNDERTAKER BARNES AND HOBSEMAN
(Address) SALT-LICK KY

20. FILED 2/4 1939 Mrs. C. P. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH FEB-2 1939

22. I HEREBY CERTIFY that I attended deceased from Jan 17 to Jan 31 1939
last saw him alive on Jan 31 1939. Death is said to have occurred on the date stated above, at 3:00 p. m.
The principal cause of death and related causes of importance in order of exact words as follows:

Chronic Myocarditis Date of onset Jan 1938

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury by any way related to occupation of deceased? No
(Signed) [Signature] M. D.

(Address) Ashtonsville, Ky

MARGIN RESERVED FOR BINDING

8. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. It should be certified EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction. Every cause of death is important. See instruction.