

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

State File No.
Register No.

17218

Registration District No. 50

Primary Registration District No. 2027

1. PLACE OF DEATH:
 (a) County Bath
 (b) City or town Salt Lick, Ky.
 (c) Name of hospital or institution: (If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community (years, months or days)

2. FULL NAME: John Mason Myers

3(b) If veteran, Name was No.

4. Sex: Male 1. Color or race: White 2(a) Single, married, widowed, divorced: Married

5(b) Name of husband or wife: Emilia Myers 3(c) Social Security No.: 123-45-6789

6(c) Age of husband or wife if alive: March 27 1943 3(d) Date of death: Aug 12 1942

7. Birth date of deceased: (Month) Aug (Day) 12 (Year) 1942

8. AGE: 79 4 22 11. If less than one day old: min.

9. Birthplace: Kentucky

10. Usual occupation: Farmer

11. Industry or business: Alfred Myers

FATHER 12. Name: Alfred Myers
13. Birthplace: Ky.

MOTHER 14. Maiden name: Margaret Ingram
15. Birthplace: Ky.

16(a) Informant's own signature: Marie Amodeo
16(b) Address: Salt Lick, Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place: Jones Cemetery Date: Aug 15 1942

18(a) Signature of funeral director: Barbara H. Morrison
18(b) Address: Salt Lick, Ky.

19(a) Date received by local registrar: Aug 13, 1942 (b) Registrar's signature: Mrs. Paul Bratton

2. USUAL RESIDENCE OF DECEASED:

(a) State: Ky. (b) County: Bath
 (c) City or town: Salt Lick, Ky. (d) If outside city or town limits, write BUREAU

(e) Street No.: _____ (If rural give precise) _____

(f) If foreign born, how long in U. S. A.: years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 12 1942
 21. I hereby certify that I attended the deceased from Aug 12 1942 to Aug 12 1942 (b) that I last saw him/her on Aug 12 1942 and that death occurred on the date stated above at 11:15 AM.

Incurred cause of death: Carcinoma of prostate and Bladder. DURATION 11:15 AM

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations: _____

Of autopsy: _____

22. If death was due to external causes, list in the following:

(a) Accident, suicide, or homicide (specify): _____
 (b) Date of occurrence: _____

(c) Where did injury occur? Is it an about home, on farm, in industrial place or public place? _____ (Specify type of place)

While at work? (d) Date of injury: _____

23. Signature: H. C. Dobson (M. D. or other) _____

Address: Dixieville Date signed: Aug 13, 1942