

Registration District No. **50** Primary Registration District No. **4081**

1. PLACE OF DEATH a. CITY <b>Bath</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Ky</b> b. COUNTY <b>Bath</b>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Owingsville, Ky.</b>		c. CITY OR TOWN <b>Owingsville, Ky</b> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS <b>Route -</b> RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print) <b>Collie Johnson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 6, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug 31, 1868</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>  </b>	9. AGE (in years) (Indicate) <b>86</b> If Under 1 Year If Under 24 Hrs. <b>10</b> <b>3</b> Sex M. <input type="checkbox"/> F. <input checked="" type="checkbox"/>
11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13. FATHER'S NAME <b>Thomas L Johnson</b>		14. MOTHER'S MAIDEN NAME <b>Melina Allender</b>	
15. WAS DECEASED (Yes, no, or unknown) <b>no</b> EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mrs Collie Johnson</b>			

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4200-151-16</b>		

20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)
21b. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21e. CITY, TOWN, OR LOCATION		COUNTY	STATE

22. I hereby certify that I attended the deceased from **1947**, 19\_\_\_\_, to **July 6, 1956** that I last saw the deceased alive on **July 6, 1956**, and that death occurred at **4 a. m.** from the causes and on the date stated above.

23a. DATE SIGNED <b>7-7-56</b>		23b. ADDRESS <b>Owingsville, Ky</b>		23c. SIGNATURE <b>Robin A. Byron, MD</b> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-8-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jones Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Bath County, Ky</b>		25. REGISTRAR'S SIGNATURE <b>Rena L. Brooks</b>			
25a. DATE REC'D BY LOCAL REG. <b>7-10-56</b>		25b. REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR <b>Richardson, Dicken &amp; Dotson</b> ADDRESS <b>Owingsville, Ky</b>	

Byron