



31059

1 PLACE OF DEATH

County Rowan

Vot. Prec. Farmers

Incl. Town Farmers

City (No. St. Ward)

Registration District No. 7492

Primary Registration District No. 2506

File No. ....

Registered No. 14

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME John M. Gullett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

6 DATE OF BIRTH Jan 20 1874

7 AGE 45 yrs 9 mos 12 ds IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Merchant (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) McGuffin Co Ky

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Leitcha Gullett

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chadwell Gullett

(Address) Farmers Ky

15 Filed Nov 13 1919 Pauline Myers

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 12 1919

17 I HEREBY CERTIFY, That I attended deceased from Nov 12 1919 to Nov 12 1919, that I last saw him alive on Nov 11 1919, and that death occurred on the date stated above at 11 1/2 m. The CAUSE OF DEATH\* was as follows:

Locomotor Ataxia

(Duration) 12 yrs 1 mos 12 ds

Contributory Dysentery

(Signed) D. J. ... M. D. Nov 13 1919 (Address) Farmers

\*State the DISEASE CAUSING DEATH, or, if death from VIOLENT CAUSES, (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

18 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

19 PLACE OF BURIAL OR REMOVAL Jones cemetery DATE OF BURIAL Nov 13 1919

20 UNDERSEAL Mrs. J. W. ... Salt Lick

M. 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.

11-1194 C.C. 5761 2596 11-14-19