

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18876

1 PLACE OF DEATH

County Bath

Vol. No.

10 Salt Lick Ky

Registration District No.

5-7

Primary Registration District No.

4-148

File No.

Registered No.

(If death occurred in a hospital or institution, give the name [number of street and number].)

City

Lula L Johnson

St., Ward

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 1 COLOR OR RACE Colored 2 SINGLE MARRIED WIDOWED OR DIVORCED Widow
(Write the word)

3 DATE OF BIRTH Don't know 1866
(Month) (Day) (Year)

4 AGE 62 yrs. - mos. - ds. IF LESS than 1 day... hrs. or... min.?

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

6 BIRTHPLACE (State or country) Ky.

7 NAME OF FATHER Alfred Poyon

8 BIRTHPLACE OF FATHER (State or country) Ky.

9 MAIDEN NAME OF MOTHER Eula Green

10 BIRTHPLACE OF MOTHER (State or country) Ky.

11 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Lucinda N. Yates
(Informant) 4758 Evans Ave
(Address) Chicago, Ill

12 FILED 8-20-28 Miss A. H. Hays
Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Aug 19 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 1, 1926, to Aug 19, 1928, that I last saw her alive on July 15, 1928, and that death occurred on the date stated above at 12 a. m. The CAUSE OF DEATH was as follows:
Stroke caused by Valves of Heart

(Duration) 1 yrs. 6 mos. 7 ds.

Contributory Swampy land
toxic (Duration) 1 yrs. 6 mos. 7 ds.

(Signed) A. S. Chapman, M. D.
1212 S. Main St., Salt Lick, Ky.

18 (a) Was the Disease Causing Death, or its death from Voluntary Cause such as (1) MIAUSE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAIN SIGHTS OR RECENT RESIDENTS)
At place of death 1 yrs. 6 mos. 7 ds. In the State 1 yrs. 6 mos. 7 ds.

Where was disease contracted, If not at place of death? Former or usual residence

20 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 8-20-28

21 UNDERTAKER Mo J. W. Vaughan ADDRESS Salt Lick Ky

MARGINS RESERVED FOR NOTICES

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

U. S.—Every item of information should be carefully supplied. AGE should be stated 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 instructions on back of certificate.