

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

1 PLACE OF DEATH  
County Fleming  
Vol. No. 8  
Inc. Town.....  
City..... (No. .... St. .... Ward)

Registration District No. ....  
Primary Registration District No. 5-08

File No. 120627  
Registered No. ....  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

3 FULL NAME Essie Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH July 29 1886  
(Month) (Day) (Year)

7 AGE 78 yrs. 7 mos. 2 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Rowan Co Ky

10 NAME OF FATHER Jo. Grayson  
11 BIRTHPLACE OF FATHER (State or country) Rowan Co Ky  
12 MAIDEN NAME OF MOTHER Lena Johnson  
13 BIRTHPLACE OF MOTHER (State or country) West Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm Clark  
(Address) Hillsboro Ky

15 10/1 IN Minor & Associates REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 1 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1924, to Sept 26, 1924, that I last saw her alive on Sept 26, 1924 and that death occurred on the date stated above at.....m. The CAUSE OF DEATH was as follows:

Intermittent Tuberculosis  
..... (Duration)..... yrs..... mos..... ds.

Contributory (Secondary)..... (Duration)..... yrs..... mos..... ds.  
(Signed) J. St. Pierre, M. D.  
Oct 1, 1924 (Address) Hillsboro Ky

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANS 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 Farmers DATE OF BURIAL 10-2-24

UNDERTAKER Jno A Clark ADDRESS Hillsboro Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.