

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MississippiVot. Pct. DemocratInc. Town Tynabpity

City _____ (No. _____ St., _____ Ward)

Registration District No. 566Primary Registration District No. 5762

File No. _____

Registered No. 34

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

91352 FULL NAME John P. Craddock

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------------|---|
| 3 SEX <u>male</u> | 4 COLOR OR RACE <u>White</u> | 5 Single Married <u>single</u> Widowed or Divorced (Write the word) |
| 6 DATE OF BIRTH <u>Dec 31 1880</u> (Month) (Day) (Year) | | |
| 7 AGE <u>45</u> yrs. <u>2</u> mos. <u>11</u> ds. | | IF LESS than 1 day _____ hrs. or _____ min? |
| 8 OCCUPATION (a) Trade, profession or particular kind of work <u>Iron Laborer</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ | | |

| | |
|--|---|
| 9 BIRTHPLACE (State or country) <u>Tennessee</u> | |
| PARENTS | 10 NAME OF FATHER <u>John Craddock</u> |
| | 11 BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u> |
| | 12 MAIDEN NAME OF MOTHER <u>Julia Ann Brewer</u> |
| | 13 BIRTHPLACE OF MOTHER (State or country) <u>Tennessee</u> |

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Craddock
(Address) Richman Ky15 Filed March 17th 1926 J. S. Vermin
Registrar

MEDICAL CERTIFICATE OF DEATH

| |
|--|
| 16 DATE OF DEATH <u>March 12 1926</u> (Month) (Day) (Year) |
| 17 I HEREBY CERTIFY, That I attended deceased from <u>March 10</u> , 1926, to <u>Mar 10</u> , 1926, that I last saw him alive on <u>Mar 10</u> , 1926, and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows: <u>Flu. (influenza)</u> <u>110/100</u> (Duration) _____ yrs. _____ mos. _____ ds. |

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. C. Morrison, M. D.
376, 1926, (Address) Richman Ky

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place _____ In the
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted,
if not at place of death? _____
Former or
usual residence _____

| | |
|---|------------------------------------|
| 19 PLACE OF BURIAL OR REMOVAL <u>Brownsville</u> | DATE OF BURIAL <u>3.13</u> 1926 |
| 20 UNDERTAKER <u>Barrett Stokes</u> | ADDRESS <u>Richman Ky</u> |

CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc.

The cause of death, (secondary or antecedent) infection need not be stated unless important. Example *Measles* (disease causing death), 29ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning: Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

NOTE—Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septicaemia, tetanus.