

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 55117Registered No. 711County Henry

Vol. Pct. _____

Registration District No. _____

Inc. Town Campbellburg Primary Registration District No. 711City Ky (No. _____) St. _____ Ward _____2 FULL NAME John Tyler LaMaster

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIAGE STATUS Single
Single
Married same
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH May 29 1882
(Month) (Day) (Year)7 AGE 68 yrs. 10 mos. 25 ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work Ins. agt.
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Suzann LaMaster11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Lophonia Scott13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Fannie LaMaster(Address) Campbellburg, Ky.15 FILED April 10, 1927 Dr. W. B. H. H. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 22nd 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 1, 1921 to Mar 22, 1927, that I last saw him live on Mar 22, 1927, and that death occurred on the date stated above at 7 P. M.The CAUSE OF DEATH^s was as follows:
Organic heart lesion(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) Hypostatic Pneumonia(Duration) _____ yrs. _____ mos. 14 ds.
(Signed) Webb S. ... M. D.
Mar 22, 1927 (Address) Campbellburg, Ky.

*State the cause of 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 _____ State _____ yrs. _____ mos. _____ ds.
Where was disease contracted?if not at place of death?
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Campbellburg Ky 3-24th 192720 SIGNATURE ADDRESS
McCarthy & Richell Campbellburg