

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

1 PLACE OF DEATH

County MartinVol. No. E. RogersRegistration District No. 871Ino. Town Primary Registration District No. 7132

City (No. St., Ward)

2 FULL NAME Thomas Y. Bowers

2532

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH July 24 1889
(Month) (Day) (Year)7 AGE 89 yrs. 6 mos. 6 ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Thornsbury

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. S. Bowers(Address) Luzerne Ky15 Filed Jan 25, 1919 W. B. H. H. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 25, 1919
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1919, to Jan 10, 1919, that I last saw him alive on Jan 10, 1919, and that death occurred on the date stated above at 2:50 p.m. The CAUSE OF DEATH* was as follows:Old age and these
(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) W. L. P. Moore, M. D. Jan 25, 1919. (Address) Cremwell 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, TRANSPORTS 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? same as place of death
Former or usual residence19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jan 26, 191920 UNDERTAKER ADDRESS W. L. McFarland Cremwell 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 plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.