MARGIN RESERVED FOR BINDING

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.

Form V. S. 1-125m-6-19-19

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 28311

Registered No.

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. E. Doggett

Registration District No. 293

Inc. Town

Primary Registration District No. 632

City (No. St., Ward)

2 FULL NAME Thomas Jefferson Burney

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed or Divorced (Write the word) Married

6 DATE OF BIRTH Jan 21- 1842 (Month) (Day) (Year)

7 AGE 80 yrs. 11 mos. 22 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) Robison Co Tenn

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Sallie Jernagan

13 BIRTHPLACE OF MOTHER (State or country) Robison Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. C. Burney

(Address) Greenville

15 Filed 12/4/22 192 C. B. Wickliffe Nurells Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 13, 1922 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1922, to —, 192—, that I last saw him alive on Dec 2, 192 , and that death occurred on the date stated above at 5 a m.

The CAUSE OF DEATH* was as follows:

Heart trouble

(Duration) yrs. Sudden mos. ds.

Contributory (Secondary) Senility

(Duration) 10 yrs. mos. ds.

(Signed) E L Gates, M. D.

Dec 23, 1922 (Address) Greenville 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 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 Jernagan Chapel

DATE OF BURIAL Dec 14, 1922

20 UNDERTAKER McDonald & DeWitt

ADDRESS Greenville

11-3184