

Form V. S. 1-A-50m-11-1-29

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

File No. _____

1 PLACE OF DEATH

County Muhlenberg

Registered No. _____

Vot. Pat. Burser

Registration District No. 1095

Ino. Town _____ Primary Registration District No. 1094-6840

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Dardis

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B Dardis

6. DATE OF BIRTH (month, day, and year) 1867

7. AGE Years Months Days If LESS than 1 day hrs. or min.
64 00 00

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

13. NAME Yubadu Dardis

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT (Address) E. J. Kersner

18. BURIAL, CREMATION, OR REMOVAL Place Clanton Date Feb 21, 1932

19. UNDERTAKER (Address) W. E. Elliott

20. FILED 219, 1932 C. B. Winkcliffe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Heart Disease Date of onset _____

170

Asphyxia
Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) R. H. Allen _____, M. D.
(Address) Central City Ky

By M. Wells.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.