

COMMONWEALTH OF KENTUCKY

12059

1 PLACE OF DEATH

County MuhlenbergState Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

Vot. Pct.

Registration District No. 1087Registered No. 27

Inc. Town

Primary Registration District No. 2435

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

City Central City

(No. St., Ward)

2 FULL NAME

T. F. Dempsey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Feb 29 1936
(Month) (Day) (Year)7 AGE 67 yrs. 1 mos. 9 ds. IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. plaster
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Logan Co. Ky10 NAME OF FATHER Wm. Dempsey11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Martha Richardson13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Dempsey(Address) Central City15 Filed 4/10, 1923. A. L. Clausford
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 8, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 1, 1923, to April 8, 1923, that I last saw h... alive on April 7, 1923, and that death occurred on the date stated above at

The CAUSE OF DEATH* was as follows:

Pneumonia
(Tobacco)
(Duration) yrs. mos. 8 ds.Contributory (Secondary) Influenza
(Duration) yrs. mos. ds.(Signed), M. D.
....., 192..... (Address).....

*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. State yrs. mos. ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Farmout DATE OF BURIAL 4/9 192320 UNDERTAKER Moore W. C. ADDRESS Central City

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 text so that it may be properly classified. E. O. statement of OCCUPATION is very important. See instructions on back of certificate.