

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

10816

File No. _____

Registered No. 39

1 PLACE OF DEATH

County Muhlenberg

Vot. Prec. _____

Inc. Town Central City

City _____

Registration District No. 1087Primary Registration District No. 2435(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME George Thomas(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 White 5 Single Married
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6 DATE OF BIRTH Mar 4 1861 1 (Year)
(Month) (Day)7 AGE 46 yrs. 5 mos. 13 ds. IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work miner
(b) General nature of industry,
business or establishment in
which employed (or employer) lead mines9 BIRTHPLACE (city or town)
(State or country) KentuckyPARENTS
10 NAME OF FATHER John Thomas
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Kentucky
12 MAIDEN NAME OF MOTHER Anderson
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Kentucky14 (Informant) Dr. J. H. King
(Address) Central City, Ky15 Filled 4-18, 1928 A. L. Blaugher
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 14 1928 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Apr 7, 1928, to April 16, 1928
that I last saw him alive on April 15, 1928,
and that death occurred on the date stated above at 9:30 a.m.
The CAUSE OF DEATH* was as follows:Chronic Interstitial
Nephritis(Duration) 4 yrs. mos. ds.Contributory (Secondary) _____
(Duration) _____ yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Clarence Howden, M. D.April 16 1928 (Address) Central City, Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Mish Kentucky 4/18/28, 1928

20 UNDERTAKER ADDRESS

E. J. Anderson Central City

STAMPED INFORMATION FOR RECORDS

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.