

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

14667

PLACE OF BIRTH
County Madison
City Morehead
No. 100
Town Morehead
City Morehead (No. 100) St., 100 Ward 100

File No. 14667
Registered No. 8

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

FULL NAME Thomas Galloway

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)
6 DATE OF BIRTH August 18th 1850
(Month) (Day) (Year)
7 AGE 68 yrs. 7 mos. 20 ds.
IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work... Minister
(b) General nature of industry business or establishment in which employed (or employer).....

9 BIRTHPLACE (State or country) Madison Co. Ky.

PARENTS
10 NAME OF FATHER Jack Galloway
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Virginia S. Carson
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Galloway
(Address) Sacramento, Ky.

15 Filed Apr. 30, 1919 W. C. Gentry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4-7-1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3-22-1919, to 4-6-1919, that I last saw him alive on 4-6-1919

and that death occurred on the date stated above at 6 P.M. The CAUSE OF DEATH* was as follows:

Influenza, no bear power
signa of coordinate

(Duration) 16 yrs. 6 mos. 6 ds.
Contributory Natural insufficiency
(SECONDARY) of heart
(Duration) 16 yrs. 6 mos. 6 ds.
(Signed) J. H. Galloway, M. D.
H. H. Galloway (Address) Sacramento, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF 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 Cumberland Cemetery DATE OF BURIAL 4-1-1919

20 UNDERTAKER J. B. Tucker ADDRESS Morehead, Ky.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
B. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.