

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

14189

PLACE OF DEATH
County Muhlenberg

Vot. Prec. W. C. C. Registration District No. 870

Inc. Town Central City Primary Registration District No. 2435

CITY Central City (No.) St. Ward

FULL NAME Thomas Monroe Gossett

File No.

Registered No. 121

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

DATE OF BIRTH June 20, 1917
(Month) (Day) (Year)

AGE 62 yrs. 10 mos. 3 ds. IF LESS than 1 day... hrs. or... min.?

OCCUPATION (a) Trade, profession, or particular kind of work. Blacksmith
(b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Tom Gossett

11 BIRTHPLACE OF FATHER (State or country) North Carolina

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) South Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Walter Gossett

(Address) Central City, Ky.

Filed 5/10, 1922 at S. Claiborne

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 23, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1922 to April 23, 1922 that I last saw him alive on April 21, 1922 and that death occurred on the date stated above at 9 A.M. The CAUSE OF DEATH* was as follows:

Diabetic Mellitus
(Duration) 4 yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) J.P. Mallon, M. D.
April 3, 1922 (Address) Central City, 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 Central City DATE OF BURIAL April 24, 1922

20 UNDERTAKER Martin Moore ADDRESS Central City

Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.