

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

28761

1 PLACE OF DEATH

County Mitchell

Vol. No. Summers 7134

Inc. Town

City

(No. _____)

St.;

Ward)

2 FULL NAME Thos. A. Hailey

File No. _____

Registered No. 9

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If wife the wife) Married

6 DATE OF BIRTH June 9, 1857
(Month) (Day) (Year)

7 AGE 60 yrs. 4 mos. 15 ds. If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Edward Hailey

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Suey Austin

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Hailey

(Address) Graham Ky

15 Filed Oct 25, 1917 S. A. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 24 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7/187, 1917, to 10/24, 1917, that I last saw him alive on 10/19, 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
Chronic Gastritis

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) T. G. Edge, M. D.
10/24/17 (Address) Graham 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 Brian Creek cemetery DATE OF BURIAL Oct. 25, 1917

20 UNDERTAKER Charles Craft ADDRESS Graham Ky

WRITE PLAINLY, WITH UNFAMED INK—THIS IS A PERMANENT RECORD

R. 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.