

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

File No. _____
Registered No. **30895**
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County Mullinsburg
Vet. Pct. North Cumberland
Inc. Town Central City
City _____ (No. _____ St., _____ Ward)

Registration District No. 1027
Primary Registration District No. 2435
(No. _____ St., _____ Ward)

2 FULL NAME Thomas C. Jones

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male
4 COLOR OR RACE White
5 Single Married
Widowed or Divorced (Write the word)
6 DATE OF BIRTH Aug 5 1866
(Month) (Day) (Year)
7 AGE 59 yrs. 3 mos. 12 ds.
IF LESS than 1 day _____ hrs. or _____ min?
8 OCCUPATION
(a) Trade, profession or particular kind of work Miner
(b) General nature of industry, business or establishment in which employed (or employer) _____

16 DATE OF DEATH DECEASED 17 1925
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1925, to Nov 17, 1925, that I last saw him alive on Nov 17, 1925, and that death occurred on the date stated above at 2:15 p.m.
The CAUSE OF DEATH* was as follows:
Strangulation by Hangers and J. O. Colleton of Bowell
(Duration) _____ yrs. _____ mos. 7 ds.

9 BIRTHPLACE (State or country) Ky
10 NAME OF FATHER Daniel Jones
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Mary Beasley
13 BIRTHPLACE OF MOTHER (State or country) Ky

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Harry J. Cleary, M.D. Nov 17, 1925 (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.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs T. C. Jones
(Address) Central City, Ky.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____ at place _____ In the _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____

15 Filed 11/18, 1925 A. L. Clapp Registrar

19 PLACE OF BURIAL OR REMOVAL Fairmont DATE OF BURIAL 11/18, 1925
20 UNDERTAKER Arthur Mosely 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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.