

Registration District No. 920 Primary Registration District No. 2350

1. PLACE OF DEATH a. COUNTY <u>Logan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Logan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville</u>		c. LENGTH OF STAY (in this place) <u>14 years</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION <u>237 South Main St.</u>		d. STREET (If rural, give location) ADDRESS <u>237 South Main St.</u>	
3. NAME OF DECEASED a. (First) <u>Thomas</u> (Type or Print)		b. (Middle) <u>Edward</u>	
		c. (Last) <u>Mahoney</u>	
4. DATE OF DEATH		(Month) (Day) (Year) <u>Dec. 13, 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 24, 1888</u>
9. AGE (In years last birthday) <u>65</u>		If Under Months	1 Year Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Tom Mahoney</u>	
14. MOTHER'S MAIDEN NAME <u>Rebecca Crafton</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY		17. INFORMANT <u>Mrs. Irene Mahoney</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Esophagus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause-last.		DUE TO (c) _____	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>150X-045-14</u>			
19a. DATE OF OPERATION <u>Feb 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Gastrostomy</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>52</u> to <u>10 Dec.</u> , 19 <u>53</u> that I last saw the deceased alive on <u>12 Dec.</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. DATE SIGNED <u>12/15/53</u>	23b. ADDRESS <u>Russellville, Kentucky</u>	23c. SIGNATURE <u>Walter R. Byrne M.D.</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/16/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunmor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenburg, County, Ky.</u>
25a. DATE REC'D BY LOCAL REG. <u>12/17/53</u>	25b. REGISTRAR'S SIGNATURE <u>Dorothy Joyce Anderson</u>	25. FUNERAL DIRECTOR <u>Brown & Brock</u> ADDRESS <u>Russellville, Ky.</u>	