

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22562

PLACE OF DEATH

County Franklin
 Precinct Central City
 City Central City (No. St., Ward)

Registration District No. 2435
 Primary Registration District No.

File No.
 Registered No. 54

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

FULL NAME Thomas Earl Morgan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Male
 4 COLOR OR RACE White
 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

16 DATE OF DEATH 8-6-1925
 (Month) (Day) (Year)

2 DATE OF BIRTH May 20 1844
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 8-4-1925, to 8-6-1925, that I last saw him alive on 8-5-1925, and that death occurred on the date stated above at m. The CAUSE OF DEATH was as follows:

7 AGE 81 yrs. 2 mos. 17 ds.
 IF LESS than 1 day... hrs. or... min.?

Apoplexy

8 OCCUPATION (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business or establishment in which employed (or employer)

 (Duration) 2 yrs. 2 mos. 2 ds.

9 BIRTHPLACE (State or country) Kentucky

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

10 NAME OF FATHER Charles Morgan

(Signed) T. J. Taylor, M. D.
8-6-1925 (Address) Central City Ky

11 BIRTHPLACE OF FATHER (State or country) Kentucky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

12 MAIDEN NAME OF MOTHER Anderson

13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds.

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

Where was disease contracted, if not at place of death?
 Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ted Morgan

19 PLACE OF BURIAL OR REMOVAL Antioch Cemetery DATE OF BURIAL 8-7-1925

(Witness) Dr. Anderson

20 UNDERTAKER T. J. Anderson ADDRESS Central City Ky

15 PLACE OF DEATH (No. St., Ward) Central City

Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be REPRODUCED. OCCUPATION to very important. See instructions on back of certificate.