

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 17

1. PLACE OF DEATH

County Muhlenberg

Vot. Prec. _____

Inc. Town _____

City Central city 74(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Thomas Jefferson Morgan(a) Residence. No. Central city 74 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. 8 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single, Married, Widowed
or Divorced (write the word) Married5a. If married, widowed or divorced
HUSBAND of Coronada Morgan
(or) WIFE of _____6. DATE OF BIRTH Dec 2 18687. AGE Years Months Days If LESS than
68 2 5 1 day hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Hotel Keeper9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE Beesh House 74

13. NAME

14. BIRTHPLACE

15. MAIDEN NAME

16. BIRTHPLACE

17. INFORMANT Frank Dequin
(Address) Central city 74

18. BURIAL, CREMATION, OR REMOVAL

Place _____ Date _____ 19 _____

19. UNDERTAKER Orian Parks
(Address) Greenwell Ky20. FILED 2/13 1937 C. L. Standford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 11 193722. I HEREBY CERTIFY That I attended deceased from
Feb 11 1937 to Feb 11 1937
I last saw him alive on Feb 11 1937, death is said
to have occurred on the date stated above, at 7 m.
The principal cause of death and related causes of importance
in order of onset were as follows:Labor Pneumonia Date of
onset 2-9-37Contributory causes of importance not related to
principal cause:Bronchial Asthma
and Interstitial Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:

Accident, suicide, or homicide? _____ date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? no If so, specify _____(Signed) J. H. Harrison M. D.(Address) Central city 74

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.