

15549

File No. _____

Registered No. 57

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Form V. S. 1-A

1. PLACE OF DEATH

County MullensVot. Prec. Central CityInc. Town Central City

City _____

Registration District No. 587Primary Registration District No. 243(No. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Thomas wife, Mary(a) Residence, No. Central City St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX My 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND OF Larissa Marie6. DATE OF BIRTH Jan 27 - 18687. AGE Years 72 Months 3 Days 24 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, Bookkeeper, etc. Lead Miner
9. 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) 1924 11. Total time (years) spent in this occupation 46 yrs12. BIRTHPLACE Kentucky13. NAME T. H. Inman14. BIRTHPLACE Kentucky15. MAIDEN NAME Unmarried16. BIRTHPLACE Kentucky17. INFORMANT Andy Inman
(Address) Central City Ky18. BURIAL, CREMATION, OR REMOVAL Interment Date 5/23/3519. UNDERTAKER J. J. Anderson
(Address) Central City Ky20. FILED May 23, 1935 C. L. Blanford
Registrar21. DATE OF DEATH May 21st, 193522. I HEREBY CERTIFY, That I attended deceased from May 6, 1935 to May 21, 1935
I last saw her alive on May 20, 1935 death is said to have occurred on the date stated above, at 5:00 p. m.
The principal cause of death and related causes of importance in order of onset were as follows:Chronic interstitial nephritis Date of onset 4 years ago

Contributory causes of importance not related to principal cause:

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? _____ If so, specify _____

(Signed) J. J. Anderson, M. D.(Address) Central City Ky

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 OCCUPATION is very important. See instructions on back of certificate.