

Community of Kentucky  
 STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

9090

COUNTY Mitchell  
 REGISTRATION DISTRICT NO. 870  
 INC. TOWN Central City Ky PRIMARY REGISTRATION DISTRICT NO. 2435  
 CITY (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward) \_\_\_\_\_  
 FULL NAME Thomas A. Nally

File No. ....

Registered No. ....

 (If death occurred in a  
 hospital or institution,  
 give the name, number and  
 street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 14, 1846  
 (Month) (Day) (Year)

7 AGE 72 yrs. .... mos. 1 day  
 IF LESS THAN 1 day ... hrs. or ... min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work. Retired Farmer  
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) McLean County, Ky.

10 NAME OF FATHER Harrison. Nally.

11 BIRTHPLACE OF FATHER (State or country) McLean County, Ky.

12 MAIDEN NAME OF MOTHER Sarah J. Perrigan.

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah F. Nally.  
 (Address) Central City, Ky.

15 TIME March 6, 1917 A. L. Blandford  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 15, 1917  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1917, to March 15, 1917, that I last saw him alive on March 15, 1917, and that death occurred on the date stated above at 12:30 P.M. The CAUSE OF DEATH\* was as follows:  
Ulcers of Stomach

(Duration) 8 yrs. .... mos. .... ds.  
 Contributory Chronic Bronchitis  
 (SECONDARY) (Duration) 20 yrs. .... mos. .... ds.

(Signed) J. M. Ferguson, M. D.  
March 15, 1917. (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.  
 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. .... mos. .... ds. is the State ... yrs. .... mos. .... ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence Central City, Ky.

19 PLACE OF BURIAL OR REMOVAL Harshale, Ky.

DATE OF BURIAL April 17, 1917  
 20 UNDERTAKER Master Moore

ADDRESS Central City, Ky.