

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

Registered No.

1. PLACE OF DEATH

County MartinVet. Post. Buch. Court

Inn. Town

City

2. FULL NAME Alton Parsons(a) Residence, No. 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

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lucy Parsons6. DATE OF BIRTH 3-25-18727. AGE Years 63 Months 5 Days 21 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Coal 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) 9-14 11. Total time (years) spent in this occupation 4712. BIRTHPLACE Ky13. NAME John Parsons14. BIRTHPLACE Ky15. MAIDEN NAME Sarah Parsons16. BIRTHPLACE Ky17. INFORMANT H. T. Pearson(Address) Central City, Ky RR 2

18. BURIAL, CREMATION, OR REMOVAL

Place Union Ridge Date 9-17 192519. UNDERTAKER W. H. ...(Address) ...20. FILED 10/4 1925 Victoria ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 16 192522. I HEREBY CERTIFY, That I attended deceased from Sept 14 1925 to Sept 16 1925I last saw him alive on Sept 16 1925, death is said to have occurred on the date stated above, at 2:45 p.m. The principal cause of death and related causes of importance in order of onset were as follows:Killed by falling plate in coal mine chest crushed

Date of onset

Sept 143:2

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

24. Nature of injury

Was disease or injury in any way related to occupation of deceased? If so, specify No(Signed) J. H. ... M. D.(Address) Central City, Ky

MARGIN RESERVED FOR BINDING

Every item of information on this form should be stated EXACTLY. PHYSICIANS 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.

UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information on this form should be stated EXACTLY. PHYSICIANS 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.

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