

29386

Form V. S. 2-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile no. ~~2004~~Registered No. ~~487~~

1. PLACE OF DEATH

County Christian

Vot. Pct. _____

Registration District No. 350

Incl. Town _____

Primary Registration District No. 2110City Hopkinsville, Ky. (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Thomas V. Prasse VETERAN, WHAT WARS _____(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 M 4. COLOR OR RACE W 5. Single; Married, Widowed
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH June 29, 19107. AGE Years Months Days If LESS than
28 4 14 1 day.....hrs.
or.....min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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)11. Total time (years)
spent in this
occupation12. BIRTHPLACE Ky13. NAME Thomas Prasse14. BIRTHPLACE Ky15. MAIDEN NAME Corde Prasser16. BIRTHPLACE Ky17. INFORMANT J. L. Prasse(Address) Hopkinsville, Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Prasse Date Nov. 14, 193819. UNDERTAKER Prasse Funeral Home(Address) Lilloret, Ky20. FILED Nov. 13, 1938 Ruth Bayby
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 13, 193822. I HEREBY CERTIFY that I attended deceased from
Oct 18, 1938 to Nov 13, 1938
I last saw him alive on Oct 13, 1938, death is said
to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance
in order of onset were as follows:Cystitis, Pleuritis Date of
onsetcaused by Cystitis due
to injury to bladder
2 or 3 mos agoContributory causes of importance not related to
principal cause:Endocarditis

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) F. O. Prasse M. D.(Address) Hopkinsville, 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.

MARGIN RESERVED FOR BINDING