

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26601

1 PLACE OF DEATH  
County Muhlenberg  
City Court House  
Vot. Precinct  
Inc. Town  
CityRegistration District No. 1093  
Primary Registration District No. 6530

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas F. Smith

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single  Married  Widowed  or Divorced  (Write the word)6 DATE OF BIRTH February 28, 1895  
(Month) (Day) (Year)7 AGE 28 yrs. 7 mos. 19 ds. IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION (a) Trade, profession or particular kind of work Farmer  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Muhlenberg County, Kentucky10 NAME OF FATHER George Smith11 BIRTHPLACE OF FATHER (State or country) Muhlenberg County12 MAIDEN NAME OF MOTHER Missouri Buchanan13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 17, 1923  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1923, to Oct 17, 1923, that I last saw him alive on Oct 10, 1923, and that death occurred on the date stated above at 8 P. m.The CAUSE OF DEATH\* was as follows:  
Septicemia following right peritonitis abscessContributor (Duration) yrs. mos. ds. 10 ds.  
(Secondary) Tubercular Laryngitis(Signed) Pan... M. D.  
10/17, 1923 (Address) Greenville, 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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ d.  
Where was disease contracted, \_\_\_\_\_If not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_19 PLACE OF BURIAL OR REMOVAL Hazel Creek DATE OF BURIAL Oct. 18, 192320 UNDERTAKER Greenlee ADDRESS Greenville, Ky.

WRITE PLAINLY. THIS UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate.

Filed 10-18, 1923 Obituary  
Missouri Buchanan  
Greenlee  
See amended certificate attached  
4-13-29