

DELA

24721

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE  
Bureau of the Census

Department of Health  
BUREAU OF VITAL STATISTICS

Registrar's No. 313

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:  
(a) County Muhlenberg.  
(b) City or town Greenville  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County Muhlenberg.  
(c) City or town Beechville.  
(If outside city or town limits, write RURAL)  
(d) Street No. \_\_\_\_\_  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Thomas Jefferson Sparks.

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
Name war \_\_\_\_\_

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife Montie Zell Sparks

6(c) Age of husband or wife if alive 71 Years

7. Birth date of deceased Nov. 4 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 27 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Muhlenberg, Co.

10. Usual occupation Lawyer.

11. Industry or business \_\_\_\_\_

12. Name C. M. Sparks.

13. Birthplace Kentucky.

14. Maiden name Sallie Miller.

15. Birthplace Kentucky.

16(a) Informant's own signature Bradley Sparks

(b) Address Greenville, Ky.

17. BURIAL, CREMATION, OR REMOVAL  
Place Caveau Date Oct. 28, 1946

18(a) Signature of funeral director J. Irwin Gary.

(b) Address Greenville, Ky.

19(a) 11-9-46 (Date received by local registrar) (b) Marjorie Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1946

21. I hereby certify that I attended the deceased from Jan 1 1943 to Oct 27 1946 that I last saw him alive on Oct 27 1946 and that death occurred on the date stated above at 5:35 a.m.

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Carcinoma both lungs and liver 4 days

Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 472-46F

Of autopsy \_\_\_\_\_

\_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature C. M. Bell Wilson M.D. (M. D. or other)

Address Beechville, Ky. Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH 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. Exact statement of OCCUPATION is very important.