

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. Fol. # 21Inc. Town Central CityCity Central City (No. 1 St. 1 Ward 1)Registration District No. 270Primary Registration Dist. No. 2435File No. 24005Registered No. 61

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

2 FULL NAME Thomas Ralph Taylor

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH May 12, 1916
(Month) (Day) (Year)7 AGE 4 yrs. 19 mos. 6 ds. If LESS than 1 day hrs. or mins.8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Central City Ky

PARENTS

10 NAME OF FATHER W. A. Taylor

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Jessie Ward13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. R. Taylor
(Address) Central City Ky15 Filed Oct 7, 1916 A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 30, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1916, to Sept 30, 1916, that I last saw him alive on Sept 28, 1916, and that death occurred, on the date stated above, at 89, m.
The CAUSE OF DEATH* was as follows:Cholera Infantum
(Duration) 3 yrs. 6 mos. 6 ds.Contributory (Secondary) (Duration) 3 yrs. 6 mos. 6 ds.
(Signed) Marcell Woodburn, M. D.
Central City Ky
, 191 (Address)

*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 3 yrs. 6 mos. 6 ds. In the State 3 yrs. 6 mos. 6 ds.
Where was disease contracted, if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Mt. Olivet DATE OF BURIAL Oct 1, 191620 UNDERTAKER San Miller's Home ADDRESS Central City