

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19241

PLACE OF DEATH

County MuhlenburgReg. Dist. No. 1087Primary Reg. Dist. No. 7435City Central City KySt. No. 1087 Ward

File No. ....

Registered No. 53

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

FULL NAME General Thomas (Colonel)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH ..... 1 .....  
(Month) (Day) (Year)

7 AGE ..... yrs. .... mos. .... ds. IF LESS than 1 day... hrs. or... min.?

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) .....

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (State or country) .....

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (State or country) .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 Filed 9/2, 1924 A. L. Blandford  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 26 - 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1914, to Aug 25, 1924, that I last saw him alive on Aug 25, 1924, and that death occurred on the date stated above at 4 P.M. The CAUSE OF DEATH\* was as follows:Peritonitis..... (Duration) ..... yrs. .... mos. .... ds.  
Contributory Miscellaneous  
(SECONDARY) .......... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) Clarence Woodburn, M. D.  
....., 191... (Address) Central City 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 of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. Ask should be filled 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.