

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

14729

File No.

Registered No.

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct.

Registrational District No. 1099

Inc. Town.

Primary Registration District No. 2436City Greenville

(No. St., Ward)

2 FULL NAME Ethel Thompson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE Colored 5 Single Married Widowed or Divorced (Write the word)6 DATE OF BIRTH Oct 24 1894
(Month) (Day) (Year)7 AGE 25 yrs. 8 mos. 8 ds. IF LESS than 1 day ____ hrs or ____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work house wife
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Muhlenberg Co.10 NAME OF FATHER George Reynolds11 BIRTHPLACE OF FATHER (State or country) Muhlenberg12 MAIDEN NAME OF MOTHER Lucy Martin13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marguerite Thompson
(Address) Greenville 1315 Filled 6/14/1924 C. W. Wallace Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 23 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Apr 15 1924 to June 23 1924, that I last saw her alive on June 23 1924, and that death occurred on the date stated above at

The CAUSE OF DEATH* was as follows:

Tuberculosis of Throat(Duration) yrs. 3 mos. 8 ds.
Contributory Pneumonia
(Secondary)(Signed) R. P. Bailey, M. D.
(Duration) yrs. mos. ds.
(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 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 Reynolds Cemetery DATE OF BURIAL June 24 1924
20 UNDERTAKER David L. White ADDRESS Madisonville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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. See instructions on back of certificate.