

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

File No. 3 2559
Registered No. 2

1 PLACE OF DEATH

County Madison

Voc. Pot. West Progger

Registration District No. 6278 871
7133

Inc. Town

Primary Registration District No.

City (No. St., Ward)

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

2 FULL NAME Fernan Thompson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Sept 26 83
(Month) (Day) (Year)

7 AGE 81 yrs. 3 mos. 14 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) Kentucky

PARENTS

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

(In witness whereof) J. H. DeLise
W. B. Bailey
(Address) Whitson, Kentucky

Filed Jan 12 1913 at Clendenen, Ky.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 10 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 30 1909 to Oct 19 1912, that I last saw him alive on Oct 19 1912

and that death occurred on the date stated above at 10 a.m. The CAUSE OF DEATH was as follows:
Chronic Valvular heart disease

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) W. B. Bailey, M. D.
Jan. 14, 1913. (Address) White Plains, 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. State yrs. mos. ds.
In the
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Thompson Cemetery DATE OF BURIAL Jan 12, 1913

20 UNDERTAKER B. F. Dukes Address White Plains

WRITE PLAINLY, WITH NEATNESS AND CARE. 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 terms so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.