

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **2485**
Registered No. **29**

1. PLACE OF DEATH
County **Muhlenberg**
Vot. Pct. _____ Registration District No. **1185**
Inc. Town **Central City** Primary Registration District No. **2-35**
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME **Parthenia Thompson**
(n) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (if nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 5. Single, Married, Widowed or Divorced (write the word) **Widowed**

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH **Feb 28-1872**

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
67 **10** **5**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Housewife**

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE **Tenn**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH **1-3**, 19**70**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **9:15** a. m. The principal cause of death and related causes of importance in order of onset were as follows:

Tuberculosis
Lungs / **138**

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME **William Thompson** Name of operation _____ Date of _____
14. BIRTHPLACE **Tenn** What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME **Coraline Tipton** 23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

16. BIRTHPLACE **Ky** Manner of injury _____

17. INFORMANT **Ms Claude Braghton** Nature of injury _____
(Address) **Central City, Ky**

18. BURIAL, CREMATION, OR REMOVAL
Place **MI Zion** Date **1-7**, 19**70** 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

19. UNDERTAKER **Fisher's Funeral Home**
(Address) **Central City, Ky**

20. FILED **1-3**, 19**70** **James Dated** Registrar.
By A. C. Blandford, Deputy

(Signed) **Lennie Bryan**
(Address) **Central City, Ky**

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. See instructions on back of certificate.