

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

1 PLACE OF DEATH
County Meigs
Vol. Fol. County house
Inc. Town.....
City..... (No.....) St..... Ward.....

Registration District No. 871
Primary Registration Dist. No. 9131

File No. 15307
Registered No.

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

2 FULL NAME Sarah Thompson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow
6 DATE OF BIRTH 1
(Month) (Day) (Year)
7 AGE About 65 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).....
None

9 BIRTHPLACE (State or country) Logan Co. Ky

10 NAME OF FATHER Don't know
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) J. B. Esineth
(Address) Greenhill Ky

15 Filed Apr 15 1917 J. C. B. Muckhoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 12, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191... to 191...
that I last saw him..... alive on..... 191...
and that death occurred, on the date stated above, at 7 P. m.
The **CAUSE OF DEATH*** was as follows:

(No Physician)

Contributory..... (Duration)..... yrs..... mos..... ds.
(Secondary)..... (Duration)..... yrs..... mos..... ds.
(Signed)....., M. D.
..... 191... (Address).....

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSE, state (1) MANNER 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 Greenhill Ky
DATE OF BURIAL May 12, 1917
20 UNDERTAKER McDonald & DeWitt
ADDRESS Greenhill Ky

BE CAREFUL! THIS IS A VERY IMPORTANT DOCUMENT. ALL INFORMATION SHOULD BE CHECKED FOR ACCURACY. ANY ERROR IN THIS DOCUMENT IS VERY SERIOUS. BE CAREFUL! THIS IS A VERY IMPORTANT DOCUMENT. ALL INFORMATION SHOULD BE CHECKED FOR ACCURACY. ANY ERROR IN THIS DOCUMENT IS VERY SERIOUS. BE CAREFUL! THIS IS A VERY IMPORTANT DOCUMENT. ALL INFORMATION SHOULD BE CHECKED FOR ACCURACY. ANY ERROR IN THIS DOCUMENT IS VERY SERIOUS.