

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.

Form V. S. 1-2

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. 7923

Registrar's No. 87

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Rural  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Muhl  
(c) City or town Rural  
(If outside city or town limits, write RURAL)  
(d) Street No. R. E. Baggus  
(If rural, give precinct)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME Viola Thompson

3(b) If veteran, \_\_\_\_\_

Name war \_\_\_\_\_

(c) Social Security \_\_\_\_\_

No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife J. L. Thompson

6(c) Age of husband or wife if alive 70 Years

7. Birth date of deceased Feb 10, 1871  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Muhlenberg Co., Ky.

10. Usual occupation House wife

11. Industry or business None

FATHER { 12. Name Bryant Vincent

13. Birthplace Muhlenberg Co., Ky.

MOTHER { 14. Maiden name Margaret Jarvis

15. Birthplace Ky.

16(a) Informant's own signature Kissy Shank

(b) Address Greenhill Ky R-1

17. BURIAL, CREMATION, OR REMOVAL

Place East Union Date Mar 31, 1944

18(a) Signature of funeral director Harry S. F. Ford

(b) Address Greenhill Ky

19(a) 4-5-44 (b) Jane R. Lawrence

(Date received by local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 30, 1944

21. I hereby certify that I attended the deceased from Jan 13, 1944 to Mar. 27, 1944, that I last saw him alive on Mar. 27, 1944, and that death occurred on the date stated above at 2:30 P.M.

Immediate cause of death Tuberculosis in general

DURATION

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations 22 B

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. C. Woodburn (M. D. or other)

Address Greenhill Ky. Date signed Mar 31, 1944

*Dr. Woodburn*

MARGIN RESERVED FOR BINDING