

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. Graham
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)

File No. 25974

Registered No. _____

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

2 FULL NAME William Jackson Thompson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH March 15, 1866
(Month) (Day) (Year)

7 AGE 46 yrs. 6 mos. 23 ds. If LESS than 1 day ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Coal miner
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Hopkins Co., Ky.

10 NAME OF FATHER James Thompson

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co., Ky.

12 MAIDEN NAME OF MOTHER Mandy Willis

13 BIRTHPLACE OF MOTHER (State or country) Hopkins Co., Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harriette Thompson
(Address) Graham, Ky.

15 Filed 10/8, 1912 Thos A. Graham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 7, 1912
(Month) (Day) (Year)

17 HEREBY CERTIFY, That I attended deceased from
Oct. 7, 1912, to _____, 1912,
that I last saw him alive on Oct. 7, 1912,
and that death occurred, on the date stated above, at 6:30 pm.

The CAUSE OF DEATH* was as follows:
Shock following injury
in mine
(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) S. D. W. Hitaker M. D.
11/7, 1912 (Address) Graham, 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. 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 Nortonville Ky DATE OF BURIAL 10/8, 1912

20 UNDERTAKER H. Mabrey ADDRESS Graham Ky

WRITE PLAINLY, WITH ENOUGH INK—THIS IS A PERMANENT RECORD.
2. 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.