

State Board of Health
BUREAU OF VITAL STATISTICS

File No. 7

CERTIFICATE OF DEATH

Registered No. _____

PLACE OF DEATH

County Muhlenberg

Vet. Pat. Beech-Creek Registration District No. 1092

Ino. Town _____ Primary Registration District No. 6827

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Larange Calvin Thornberry

(a) 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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) _____

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of Alice Thornberry

6. DATE OF BIRTH Dec 25 - 1865

7. AGE Years Months Days If LESS than 1 day hrs. or min.
68 2 19

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

12. BIRTHPLACE McClem Co. Ky.

13. NAME Calvin Thornberry

14. BIRTHPLACE Island Ky.

15. MAIDEN NAME Nancy Eversy

16. BIRTHPLACE Island Ky.

17. INFORMANT Dick Thornberry
(Address) Beech Creek Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Island Ky. Date 3/17 1934

19. UNDERTAKER Victor Jenkins
(Address) Beech Creek Ky.

20. FILED 3/16 1934 Victor Jenkins
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1934 to Mar 16, 1934
I last saw him alive on Mar 15, 1934, death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Hemorrhage, Cerebral Date of onset Mar 10

Contributory causes of importance not related to principal cause:

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

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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) J. M. Chellan M. D.
(Address) Druckers, Ky.

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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.
 MARGIN RESERVED FOR ENTRIES RECEIVED FROM PHYSICIANS AND STATE CAUSE OF DEATH IS VERY IMPORTANT.