

1 PLACE OF DEATH

County Mullensburg

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Vol. Pat. East Bagwood



1893

File No.

Inc. Town

Registered No.

City

(No.)

St.

Ward

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

2 FULL NAME Herman Thornsbury

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Use the word) Married

10 DATE OF DEATH July 22, 1912
Month Day Year

6 DATE OF BIRTH June 12, 1882
Month Day Year

11 I HEREBY CERTIFY, That I attended deceased from July 16, 1912 to July 22, 1912

7 AGE 34 yrs. 1 mo. 9 ds. If LESS than 1 day hrs. or min ?

that I last saw him alive on July 22, 1912 and that death occurred, on the date stated above, at 10 a.m.

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

The CAUSE OF DEATH was as follows: Typhoid fever

9 BIRTHPLACE (state or country) Ky

(Location) yrs. mo. ds. Contributory Removal from hands

10 NAME OF FATHER Merrett Thornsbury

(Duration) yrs. mo. ds. (Signed) D. W. Edge M. D.

11 BIRTHPLACE OF FATHER (state or country) Ky

7-23, 1912 (Address) Argonne, Ky

12 MAIDEN NAME OF MOTHER Linnie Lark

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

13 BIRTHPLACE OF MOTHER (state or country)

(3) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rex Spural

At place of death yrs. mo. ds. State yrs. mo. ds. Where was disease contracted, if not at place of death?

(Address) Moreville, Ky

Former or usual residence

15 Thy for C. Wickliffe

16 PLACE OF BURIAL OR REMOVAL Central City, Ky DATE OF BURIAL 7/25, 1912

Filed July 25, 1912

17 UNDERTAKER Oran L. Roark ADDRESS Moreville, Ky

U. S.—Every item of information should be carefully verified. 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.