

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

5728

CERTIFICATE OF DEATH

File No. _____

Registered No. _____

1. PLACE OF DEATH

County MadisonVot. Pct. H 6Registration District No. 1089Inc. Town Paradise 1 1/2Primary Registration District No. 6872

City _____

(No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME John R. Thurman(a) Residence, No. Paradise 1 1/2 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)5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Thurman6. DATE OF BIRTH May 26 - 18727. AGE Years 64 Months 8 Days 27 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

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

12. BIRTHPLACE Shelbyville 1 1/213. NAME Mr. Thurman14. BIRTHPLACE Shelbyville 1 1/215. MAIDEN NAME Fannie Ruth Johnson16. BIRTHPLACE Shelbyville 1 1/217. INFORMANT John R. Thurman(Address) Drakesboro 1 1/2

18. BURIAL, CREMATION, OR REMOVAL

Place Wear Normal 2-24-193719. UNDERTAKER J.R.H. Ingram(Address) Drakesboro 1 1/220. FILED 3-4-1937 Martha D. Fox Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb-23, 193722. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to 2-23, 1937I last saw him alive on _____ 19____ death is said to have occurred on the date stated above, at 10:00 a.m. The principal cause of death and related causes of importance in order of onset were as follows:Chronic Nephritis Date of onset _____Contributory causes of importance not related to principal cause: Weak Kidneys

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? _____ If so, specify _____

(Signed) J. A. Emery, M. D.(Address) Rockport, Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—This IS A PERMANENT RECORD. Every item of information should be carefully supplied and stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificate.

Mrs Fox Paradise 1 1/2