

Form V. S. 1-50m-2-2-23

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

1 PLACE OF DEATH

County Muhlenberg

Registered No.

Vot. Prec. Weir

Registration District No. 1093

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

Inc. Town

Primary Registration District No. 6835

City

(No. St. Ward)

2 FULL NAME Thomas Wagner

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed Divorced (Write the word)

16 DATE OF DEATH
January 14, 1927 1927
(Month) (Day) (Year)

6 DATE OF BIRTH

17 I HEREBY CERTIFY, That I attended deceased from

7 AGE 80 yrs. mos. ds. IF LESS than 1 day hrs. or min?

that I last saw him alive on

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

and that death occurred on the date stated above at 9 p.m.
The CAUSE OF DEATH* was as follows:
Asthma

9 BIRTHPLACE (State or country) Todd County

(Duration) 3 yrs. mos. ds.

PARENTS

10 NAME OF FATHER Unknown

Contributory (Secondary)

11 BIRTHPLACE OF FATHER (State or country) Unknown

(Duration) yrs. mos. ds.

12 MAIDEN NAME OF MOTHER Unknown

(Signed) No. Doctor Attending, M. D. 1927 (Address)

13 BIRTHPLACE OF MOTHER (State or country) Unknown

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

(Informant) Melvin Hardison

at place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,

(Address) Greenville, Ky. RFD #3

If not at place of death? Former or usual residence

15 Filed Jan 29, 1927 1927 Registrar

19 PLACE OF BURIAL OR REMOVAL Cherry Grove DATE OF BURIAL 1/15, 1927

20 UNDERTAKER Frank ... ADDRESS Greenville, Ky.

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD
MAKER RECOMMENDED FOR RECORDS
M. S.—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.