

## 1 PLACE OF DEATH

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 18364County MuhlenbergVot. Pat. N BoggsRegistration District No. 1093

Registered No. ....

Ino. Town .....

Primary Registration District No. 6834

City .....

(No. .... St., .... Ward)

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

2 FULL NAME Wm. Thomas Wright(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. da. 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 of  
(or) WIFE of .....6 DATE OF BIRTH Sept 6 1927  
(Month) (Day) (Year)7 AGE 10 yrs. 5 mos. 5 ds.  
IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business or establishment in which employed (or employer) .....9 BIRTHPLACE (city or town) (State or country) Muh.PARENTS  
10 NAME OF FATHER Elmer Wright  
11 BIRTHPLACE OF FATHER (city or town) (State or country) Muh.  
12 MAIDEN NAME OF MOTHER Grace Editta  
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Muh.14 (Informant) Thos. Stotangh  
(Address) Luzerne 7415 Filed 7/12/28 Wells B. M. Wells  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 11 1928  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from July 1, 1928, to July 10, 1928,  
that I last saw him alive on July 11, 1928,  
and that death occurred on the date stated above at 10:20 a.m.  
The CAUSE OF DEATH\* was as follows:  
Ilex colicita..... (Duration) ..... yrs. .... mos. 10 ds.Contributory Malaria  
(Secondary) .......... (Duration) ..... yrs. 6 mos. .... ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? HomeDid an operation precede death?  Date of .....Was there an autopsy? What test confirmed diagnosis? None(Signed) J. Woodburn, M. D.7/12, 1928 (Address) Luzerne 74

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Vincent Bg July 12 1928

20 UNDERTAKER ADDRESS

M. B. McDonald Greenville, Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.