

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

File No. **10576**

## 1 PLACE OF DEATH

County MulenburgVet. Post Brush CreekRegistration District No. 1092

Ins. Town.....

Primary Registration District No. 6927

City.....

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

Registered No. ....

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

## 2 FULL NAME.....

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word) S

6 DATE OF BIRTH 7 2 1922  
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country).....

10 NAME OF FATHER David H. Thright  
11 BIRTHPLACE OF FATHER (State or country) W. Va.  
12 MAIDEN NAME OF MOTHER Mary A. Richardson  
13 BIRTHPLACE OF MOTHER (State or country) W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A. Thright  
(Address) Brush Creek

15 Filed 8/8, 1922 Victor Jenkins  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 2 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 1922, to ..... 1922, that I last saw h. alive on ..... 1922, and that death occurred on the date stated above at ..... m.

The CAUSE OF DEATH\* was as follows:  
Still Born  
..... (Duration) ..... yrs. .... mos. .... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) P. D. Harvey, M. D.  
7-2, 1922 (Address) Brush Creek.

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place ..... In the ..... of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds. Where was disease contracted, If not at place of death? Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Edw. B. G. DATE OF BURIAL 7-8, 1922  
20 UNDERTAKER L. H. Sturges ADDRESS Brush Creek

WRITE PLAIN! WITH UNFADING INK—THIS IS A PERMANENT RECORD

BANKER RESERVE FOR MEMBERS  
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. A statement of OCCUPATION is very important. See instructions on back of certificate.