

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

22911

1 PLACE OF DEATH

County Michener

File No.

Vol. Pat. CountyRegistration District No. 093

Registered No.

Inc. Town

Primary Registration District No. 6829

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

City

(No. St., Ward)

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 17 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) Michener, Ky

PARENTS

10 NAME OF FATHER E. W. Thomas

11 BIRTHPLACE OF FATHER (State or country) Michener, Ky

12 MAIDEN NAME OF MOTHER Walter

13 BIRTHPLACE OF MOTHER (State or country) Michener, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. W. Thomas

(Address) Poppley St

15 Filed 10/20/20 B. H. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 25 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1922, to Oct 25, 1922, that I last saw him alive on Oct 29, 1922, and that death occurred on the date stated above at 2:00 p.m.

The CAUSE OF DEATH* was as follows:
Coronary dilatation (acute)

(Duration) yrs. mos. ds.
Contributory Pulmonary (C.B.) & Splenic
(Secondary) (Duration) 2 yrs. mos. ds.

(Signed) B. H. Williams, M. D.
Oct 25 1922 (Address) Greenhill

*State the Disease Causing Death, or (1) 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 of death yrs. mos. ds. In the State yrs. mos. d.

Where was disease contracted, If not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Home B. G. Oct 26 1922

20 UNDERTAKER ADDRESS
Michael Smith Greenhill

WRITE PLAINLY, IN 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.