

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31015

PLACE OF DEATH
County Muhlenberg

Vol. No. Sanctuary

Inc. Town

City

Registration District No. 871

Primary Registration District No. 7120

(No. St., Ward)

FULL NAME Thurman Strand

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH, 1,
(Month) (Day) (Year)

7 AGE about 1 yrs. 6 mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Warren County Ky

10 NAME OF FATHER Somp. Strand

11 BIRTHPLACE OF FATHER (State or country) not known

12 MAIDEN NAME OF MOTHER Marie Whitlow

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Dunn
(Address) Greenville Ky

15 Filed 1/1, 1917 C. B. H. ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 25, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1916., to Dec 25, 1916., that I last saw him alive on Dec 24, 1916., and that death occurred on the date stated above at 9:00 m. The CAUSE OF DEATH* was as follows:
Remiss.

..... (Duration) yrs. mos. 0 ds.

Contributory (SECONDARY)

(Signed) J. H. ... N. D.
Dec 20, 1916. (Address) ...

*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 of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL McDonald & Delbert Greenville Ky DATE OF BURIAL Dec 26, 1916

20 UNDERTAKER McDonald & Delbert Greenville Ky ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

B. 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.