

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *W. Taylor Co*Vot. Prec. *No. 6*Inc. Town *Island*

City _____ (No. _____)

Registration District No. *735*Primary Registration Dist. No. *6796*File No. *15597*Registered No. *14*

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

2 FULL NAME *Thomas Vaughn*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)6 DATE OF BIRTH *6 2 1982*
(Month) (Day) (Year)7 AGE *30* yrs. mos. ds. If LESS than 1 day hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work *Coal Miner*
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Ky*10 NAME OF FATHER *Wm. Vaughn*11 BIRTHPLACE OF FATHER (State or country) *Ky*12 MAIDEN NAME OF MOTHER *Dorcas Dennis*13 BIRTHPLACE OF MOTHER (State or country) *Tenn*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Julia Vaughn*
(Address) *Island Ky*15 Filed *June 8, 1912* *H. H. Shacklett*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *6 2 1912*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *6/3*, 191*2*, to *6/2*, 191*2*, that I last saw *her* alive on *6/24*, 191*2*, and that death occurred, on the date stated above, at *10* a.m.The CAUSE OF DEATH was as follows:
Emphysema of lungs(Duration) *4* yrs. *4* mos. *0* ds.

Contributory (SECONDARY) _____

(Duration) *4* yrs. *4* mos. *0* ds.(Signed) *J. S. Halykush*, M. D.*43*, 191*2* (Address) *Island Ky*

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 *0* yrs. *0* mos. *0* ds. In the State *0* yrs. *0* mos. *0* ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL *Union Cemetery* DATE OF BURIAL *6-3*, 191*2*20 UNDERTAKER *Wm. Stanley* ADDRESS *Island Ky*

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS. REFERENCES should state CAUSE OF DEATH in plain English so that it may be properly classified. Every item of INFORMATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH CAPSULES INK—THIS IS A FEDERAL FORM