

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3935

File No. _____

Registered No. 5

1 PLACE OF DEATH

County MuhlenbergVot. Pct. S. central city

Inc. Town _____

City Central cityRegistration District No. 1087Primary Registration District No. 2435

(No. _____ St., _____ Ward)

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

2 FULL NAME Thomas Jefferson Veazey

(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. ds. 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
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of Eva Veazey
(or) WIFE of _____6 DATE OF BIRTH May 29 1899
(Month) (Day) (Year)7 AGE 79 yrs. 7 mos. 10 ds. IF LESS than 1
day _____ hrs. _____
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work Carpenter
(b) General nature of industry,
business or establishment in
which employed (or employer) _____9 BIRTHPLACE (city or town)
(State or country) North CarolinaPARENTS
10 NAME OF FATHER John Comor Veazey
11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina
12 MAIDEN NAME OF MOTHER Jane Parrish
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina14 (Informant) Mrs. J. J. Veazey
(Address) Central City, Ky.15 Filed 1-9, 1929 - G. L. Blueford
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 8 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Dec 26, 1928, to Jan 8, 1929,
that I last saw him alive on Jan 8, 1929,
and that death occurred on the date stated above at 10 P.M.The CAUSE OF DEATH was as follows:
Broncho-PneumoniaContributory (Secondary) Pneumonia
(Duration) _____ yrs. _____ mos. 7 ds.
(Duration) _____ yrs. _____ mos. 13 ds.18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Pro P. Patton, M. D.
Jan 7, 1929 (Address) Central City Ky*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

Slaughter Ky. Jan 9 1929

20 UNDERTAKER ADDRESS

Arthur L. Mosley Central City Ky

MAGAZINE REMOVED FOR INDEXING

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated ACTUALLY. 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.