

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

County Bath

Vol. 4078

Registration District No. 02

Registered No. _____

Inn. Town _____

Primary Registration District No. 4278

City _____

(No. _____ St. _____ Ward _____)

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

2 FULL NAME Thomas Million

(a) Residence RR Salt Lick, Ky. 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. New 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 single
Married single
Widowed single
or Divorced single
(Write the word)

6a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of XXXX

7 DATE OF BIRTH July 6 1902
(Month) (Day) (Year)

8 AGE 26 yrs If less than 1 day _____ hrs _____ or _____ min?

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work BOSS

(b) General nature of industry, business or establishment in which employed (or employer) _____

10 BIRTHPLACE (city or town) Bath Co., Ky.
(State or country)

11 NAME OF FATHER Elbert Million

12 BIRTHPLACE OF FATHER (city or town) Ky.
(State or country)

13 MAIDEN NAME OF MOTHER Ruth Stephens

14 BIRTHPLACE OF MOTHER (city or town) Ky.
(State or country)

15 (Informant) D.C.P. Jones

(Address) Salt Lick, Ky.

16 Filed 8-5-28 1928 W.D. Hays Registrar

MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH Aug 5 1928
(Month) (Day) (Year)

12 I HEREBY CERTIFY, That I attended deceased from Aug 4/28, 19____, to Aug 5/28, 19____, that I last saw him alive on Aug 5/28, 19____, and that death occurred on the date stated above at 11:30.
The CAUSE OF DEATH* was as follows:

Accidentally burned when house where he was staying burned.

(Duration) _____ yrs. _____ mos. _____ ds. _____ hours

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

13 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? NO Date of _____

Was there an autopsy? NO

What test confirmed diagnosis? _____

(Signed) D.C.P. Jones M. D.

Aug 5 1928 (Address) Salt Lick, 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.)

17 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 8-5-28

18 UNDERTAKER Mr. J. L. Hays ADDRESS Salt Lick, Ky.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
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. Every statement of OCCUPATION is very important. See instructions on back of certificate.