

Form V. R. 1-A  
**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

31591  
 File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

1. PLACE OF DEATH  
 County Bath  
 Vol. No. 20244048  
 Ino. Town \_\_\_\_\_  
 Registration District No. 52  
 Primary Registration District No. 4045

2. FULL NAME James Thomas Thompson  
 (No. \_\_\_\_\_ death occurred in hospital or institution, give its NAME instead of street and number)  
 (a) Residence, No. 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR OF RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>widowed</u>	21. DATE OF DEATH <u>Dec 10</u> , 19 <u>36</u>		I HEREBY CERTIFY that the deceased from _____ to _____, 19 <u>36</u> I last saw him alive on <u>about Oct 30</u> near _____ death is said to have occurred on the date stated above, at _____ The principal cause of death and related causes of importance in order of onset were as follows:	
6. DATE OF BIRTH <u>Feb 24/1854</u>	7. AGE Years <u>82</u> Months <u>9</u> Days <u>16</u> If LESS than 1 day _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>farmer</u>	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	10. Date deceased last worked at this occupation (month and year) <u>1936</u>	11. Total time (years) spent in this occupation <u>about 65 yrs</u>	22. <u>Chagasic Heart Disease about 5 yrs</u> Date of onset _____ Contributory causes of importance not related to principal cause: _____ Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>
12. BIRTHPLACE <u>Virginia</u>	13. NAME <u>Don't know</u>	14. BIRTHPLACE <u>Va.</u>	15. MAIDEN NAME <u>Matilda Gaddy</u>	16. BIRTHPLACE <u>Va.</u>	17. INFORMANT <u>Charles H. Thompson</u> (Address) <u>Salt Lick Ky.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Jones Cem</u> Date <u>12/12</u> , 19 <u>36</u>			19. UNDERTAKER <u>Barnes &amp; Burress</u> (Address) <u>Salt Lick Ky</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____	
20. FILED <u>17-12</u> , 19 <u>36</u> <u>M. B. Alexander</u> Register			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Dr. C. P. Jones</u> M. D. (Address) <u>Salt Lick, Ky.</u>			

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. JE should be used 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 instruction.