

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

1 PLACE OF DEATH

COUNTY Bath

File No. 20166

Vol. No. 5100

Registration District No. 52

Registered No. ....

Int. Town Salt Lick

Primary Registration District No. 2706

(If both reported to a hospital or physician give its name, street and number.)

City (No. ....) Ward

2 FULL NAME Thomas Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIED, WIDOWED, OR DIVORCED (Check one word)

6 DATE OF BIRTH Dec 17, 1950

7 AGE 9 (If less than 1 day, hr. or min.)

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

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Pollie Jones

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Barbry Green

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Kate Jones

(Address) Salt Lick

15 SIGNATURE OF REGISTRAR H. L. Alexander

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 21, 1960

17 I HEREBY CERTIFY, that I attended deceased from July, 1960 to Aug 21, 1960, that I attended him/her on Aug 20, 1960, and that death occurred on the date stated above at 3 AM. The CAUSE OF DEATH was as follows: Typhoid fever

18 (Duration) 7 yrs. 1 mo. 24 ds. Contributory none (Specify) (Duration) 7 yrs. 0 mo. 0 ds. (Signed) L. H. Holbert, M. D. Aug 21, 1960 (Address) Salt Lick, Ky

19 LENGTH OF RESIDENCE (For hospitals, institutions, transient or resort residences) At place of death 7 yrs. 0 mo. 0 ds. State 7 yrs. 0 mo. 0 ds. Where was disease contracted, if not at place of death? Former or usual residence

20 PLACE OF BURIAL OR REMOVAL Home Ground 21 DATE OF BURIAL Aug 27, 1960 22 UNDERTAKER Johnson-Ryan 23 ADDRESS Salt Lick, Ky

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