

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. 7/10/2004

1 PLACE OF DEATH
County Montgomery
Vot. Pct. Harts
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 1070
Primary Registration District No. 6753

File No. _____
Registered No. 21
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Henry Thomas

WRITE PLAINLY, USING 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIAGE Married
(Write the word)

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 52 yrs. _____ mos. _____ da. IF LESS than 1 day _____ hrs. 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) (Roman co) Kentucky

PARENTS
10 NAME OF FATHER Andy Thomas
11 BIRTHPLACE OF FATHER (State or country) Roman co Kentucky
12 MAIDEN NAME OF MOTHER Leathman
13 BIRTHPLACE OF MOTHER (State or country) _____

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH March 8 1925
(Month) (Day) (Year)

15 I HEREBY CERTIFY, That I attended deceased from 3/3, 1925, to 3/8, 1925, that I last saw him alive on 3/8, 1925, and that death occurred on the date stated above at 8 P.m.

The CAUSE OF DEATH* was as follows:
Cerebral anemia

(Duration) _____ yrs. _____ mos. _____ da.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ da.

(Signed) W. H. Thomas M. D. 3/8, 1925 (Address) W. H. Thomas

*State the Disease Causing Death, or, in death from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Medical or Homicidal.

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____ at place _____ in the _____ of death _____ yrs. _____ mos. _____ da. State _____ yrs. _____ mos. _____ da. Where was disease contracted, _____ If not at place of death? _____ Former or usual residence _____

17 PLACE OF BURIAL OR REMOVAL Midland, Ky. DATE OF BURIAL 3/10/25

18 UNDERTAKER Eastin & Harris Mt. ADDRESS Sterling, Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Berta Thomas
(Address) Mrs. Sterling Ky
Filed Feb. 9, 1925 Wm. G. B. Seuff