

CERTIFICATE OF DEATH

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

14750

County Bath

Vol. No. Salt Lick

Registration District No. 1-2

File No.

Inc. Town

Primary Registration District No. 2

Registered No.

City

(No.)

Ward

FULL NAME James Grayson Thomas

(If death occurred in a hospital or institution, give the name, location, street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Boy 4 COLOR OF HAIR White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single

6 DATE OF BIRTH April 8th 1914

7 AGE 2 mos. 19 da. 8 IF LESS THAN 1 day ... 1 mo. ... 1 yr. ...

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

10 BIRTHPLACE (State or country) Bath Co.

11 NAME OF FATHER W.H. Thomas

12 BIRTHPLACE OF FATHER (State or country) Rowan Co.

13 MAIDEN NAME OF MOTHER Dollie Grayson

14 BIRTHPLACE OF MOTHER (State or country) Rowan Co.

15 IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W.H. Thomas

(Address) Farmers Mt

16 Filed 6-27-14 H.C. Chumley REGISTRAR

MINIMAL CERTIFICATE OF DEATH

10 DATE OF DEATH June 27, 1914

11 I HEREBY CERTIFY, That I attended deceased from June 19, 1914 to June 27, 1914, that I last saw him alive on June 27, 1914, and that death occurred on the date stated above at 9a.m. The CAUSE OF DEATH was as follows:

Gastroenteritis.  
acute.

Contributory (Secondary) None

(Signed) H. Threlkeld, M. D. June 27, 1914 (Address) Farmers Mt.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAINING OR RECENT RESIDENTS): At place of death ... State ...

18 Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL James Grayson DATE OF BURIAL 6-28-14

20 UNDERTAKER ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every name of informant should include address and telephone number, so that it may be properly contacted in case of emergency. See instructions on back of certificate.