

26253

Form V. R. 1-A

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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

1. PLACE OF DEATH  
County Bath  
Vol. No. 2082  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_

Registration District No. 5-2  
Primary Registration District No. \_\_\_\_\_

2. FULL NAME William Thomas Booth  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and STATE)  
New born in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX Male  
4. COLOR OR RACE White  
5. Single, Married, Widowed or Divorced (write the word) Married  
6. If married, widowed, or divorced HUSBAND or WIFE of Ellen Booth  
7. AGE Years 73 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.  
9. Industry or business in which work was done, as mill, sawmill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH November 11, 1935  
22. I HEREBY CERTIFY that I attended deceased from May 1, 1935 to May 1, 1935. I last saw him live on May 1, 1935. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance in order of onset were as follows:  
Influenza followed by Pulmonary Tuberculosis  
Date of onset 8mo  
Contributory causes of importance not ruled to principal cause:  
Various Cures of leg 20yrs

12. BIRTHPLACE Kentucky  
13. NAME Martin Booth  
14. BIRTHPLACE Kentucky  
15. MAIDEN NAME Vernie Shoemaker  
16. BIRTHPLACE Kentucky  
17. INFORMANT Mrs. Ellen Booth  
(Address) 602 1/2 Dick, Ky  
18. BURIAL CREATION OR REMOVAL Place Jones Cem Date Nov. 12, 1935  
19. UNDERTAKER Barnes & Haysman  
(Address) 602 1/2 Dick, Ky  
20. FILED 11-12-35 Wm. A. Ryan

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO  
23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19\_\_\_\_  
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 \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_  
(Signed) J. C. G. Jones M. D.  
(Address) Salt Lick, Ky.

MARGIN RESERVED FOR BINDING  
N. B. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.