

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

PLAQUE OF DEATH: Death
 Vol. No. 006 Registration District No. 12
 City, Town, or Precinct: Primary Registration District No. 12 Registered No. 325
 IF FULL NAME: Thomas Branch

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX: <u>Male</u> COLOR OF HAIR: <u>Black</u> COLOR OF EYES: <u>Blue</u> BUILD: <u>Slender</u> OCCUPATION: <u>None</u> PLACE OF BIRTH: <u>Kentucky</u> DATE OF BIRTH: <u>Jan 17 1886</u> PLACE OF DEATH: <u>Kentucky</u> NAME OF PLACE: <u>Thomas Branch</u> NAME OF PATRON: <u>Kentucky</u> NAME OF PLACE: <u>Madison River</u> NAME OF PLACE: <u>Kentucky</u> STATE OF BIRTH: <u>Kentucky</u> STATE OF DEATH: <u>Kentucky</u> IN THE ABSENCE OF TRUTH TO THE BEST OF MY KNOWLEDGE <u>James Groves</u> <u>Madison</u> <u>Madison</u>	DATE OF DEATH: <u>Jan 15 1916</u> I HEREBY CERTIFY, That I attended deceased <u>Jan 15, 1916</u> , and that death occurred on <u>Jan 15, 1916</u> , and that death occurred in the state where above stated. The CAUSE OF DEATH was as follows: <u>Pneumonia</u> Duration: <u>3</u> days, <u>0</u> hrs., <u>0</u> min. Duration: <u>3</u> days, <u>0</u> hrs., <u>0</u> min. Signed: <u>E. L. Jones</u> <u>Jan 17 1916</u> PLACE OF BIRTH OR RESIDENCE: <u>Madison</u> DATE OF BIRTH: <u>1-17-86</u> SIGNATURE: <u>Madison</u> COUNTY: <u>Madison</u>	

PRINT NAME OF DECEASED IN FULL IN UPPER LEFT HAND CORNER OF THIS CERTIFICATE. PRINT NAME OF PLACE OF BIRTH AND PLACE OF DEATH IN FULL IN UPPER RIGHT HAND CORNER OF THIS CERTIFICATE. PRINT NAME OF PLACE OF BIRTH AND PLACE OF DEATH IN FULL IN LOWER LEFT HAND CORNER OF THIS CERTIFICATE. PRINT NAME OF PLACE OF BIRTH AND PLACE OF DEATH IN FULL IN LOWER RIGHT HAND CORNER OF THIS CERTIFICATE.