

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

2476

1. PLACE OF DEATH

County OldhamWard Worth

Inc. Town _____

City _____

Registration District No. 1141Primary Registration District No. 7001

File No. _____

Registered No. _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Thomas Marshall Neal(a) Residence No. Worth Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Nannie E. Neal
(or) WIFE of6. DATE OF BIRTH July 19, 18647. AGE Years 73 Months 6 Days _____ If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Retired farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE Kentucky13. NAME Marshall Neal14. BIRTHPLACE Kentucky15. MAIDEN NAME Amelia Long16. BIRTHPLACE Kentucky17. INFORMANT Mrs T.M. Neal
(Address) Crestwood, Ky R.R.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Tabor cemetery, 12/18/3719. UNDERTAKER M.A. Stoess & Sons
(Address) Crestwood, Ky20. FILED 12-17-1937 E. B. Nelson
Per. B. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12-16, 193722. I HEREBY CERTIFY, That I attended deceased from much, 1937 to 12-16, 1937
I last saw him alive on 12-15, 1937, 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:Central thrombosis Date of onset Dec 17

Contributory causes of importance not related to principal cause:

Nephritis 1935Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____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? No If so, specify _____(Signed) E. B. Nelson, M. D.(Address) La Jure

MARGIN RESERVED FOR BINDING

Every item of information 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.

N. B. WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. 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.