

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

PLACE OF DEATH

County *Helen*

Registration District No. *980*

File No. *8770*

Vol. No. *82*

Registered No. *8*

Inc. TOWN Primary Registration District No. *2142*

City (No. St. Ward) *McEligott*

FULL NAME *Thomas Peake*

(If death occurred in a hospital or institution, give its name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*
(Write the word)

6 DATE OF BIRTH *1*
(Month) (Day) (Year)

7 AGE *78* yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Nelson Co. Ky.*

10 NAME OF FATHER *Edward Boone*

11 BIRTHPLACE OF FATHER (State or country) *Nelson Co. Ky.*

12 MAIDEN NAME OF MOTHER *Roseana Hagan*

13 BIRTHPLACE OF MOTHER (State or country) *Nelson Co. Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *W. R. Greenwell*
(Address) *New Haven Ky.*

15 Filed *Mar. 8, 1916* *Chas. B. Henix*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Mar. 8, 1916*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Mar. 8, 1916* to *Mar. 8, 1916*, that I last saw him alive on *Mar. 8, 1916*, and that death occurred on the date stated above at *11:30* a.m. The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) *10* yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *Edward M. ...*, M. D. (Address) *New Haven Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death... yrs. mos. ds. State... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *New Haven Ky* DATE OF BURIAL *Mar. 8, 1916*

20 INTERMENTER *C. J. Boyle* ADDRESS *New Haven Ky.*

WRITE PLAINLY, WITH WRITING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully examined. See that it may be properly classified. Mark occupations in very important. See instructions on back of certificate.