

COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10352

1 PLACE OF DEATH  
County Larue

File No. ....

Vot. Pct. .... Registration District No. 826

Registered No. ....

Inc. Town near Athertonville Ky Primary Registration District No. ....

City ..... (No. .... St., ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Roxanna Thompson

(a) Residence. No. .... St., ..... 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 Female 4 COLOR OR RACE white 5 Single widow Married Widowed or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of J. L. Thompson (or) WIFE of

6 DATE OF BIRTH Dec 2 1872 (Month) (Day) (Year)

7 AGE 58 yrs. 5 mos. ds. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (city or town) Burdstown Ky. (State or country) Nelson Co.

10 NAME OF FATHER Orin Holtshouser

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

12 MAIDEN NAME OF MOTHER Elizabeth Boone

13 BIRTHPLACE OF MOTHER (city or town) Larue Co. Ky. (State or country)

14 (Informant) John L. Thompson (Address) Hodgenville Ky. R. 4

15 Filed May 9, 1916 Phoda Beecher Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 29, 1931 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1931, to Apr 24, 1931, that I last saw him alive on Apr 29, 1931, and that death occurred on the date stated above at 5 o'clock.

The CAUSE OF DEATH\* was as follows: Chorea melancholica

(Duration) 10 yrs. 10 mos. ds.

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

18 WHERE WAS DISEASE CONTRACTED if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Messersmith, M. D. Apr 29, 1931 (Address) Hodgenville Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL New Haven Ky DATE OF BURIAL May 1, 1931

20 UNDERTAKER Ox Oyle ADDRESS New Haven Ky.