

COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. 12285  
Registered No. ....

1 PLACE OF DEATH  
County Lake  
Vol. Pct. Athertownville  
Inc. Town.....  
City.....

Registration District No. 826  
Primary Registration District No.....

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

2 FULL NAME Stephen S. Thompson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH Nov. 1 1860  
(Month) (Day) (Year)

7 AGE 69 yrs. 6 mos. 4 ds.  
IF LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min?

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

9 BIRTHPLACE (State or country) Lane Co. Ky.

10 NAME OF FATHER Stephen Thompson

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

12 MAIDEN NAME OF MOTHER Ann Dowling

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Roxie Thompson  
(Address) Hodgenville Ky.

15 Filed May 8, 1930 Blude Kiehn Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 5 1930  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1929, to May 5, 1930, that I last saw him alive on May 4, 1930, and that death occurred on the date stated above at 6 a.m.

The CAUSE OF DEATH\* was as follows:  
Cancer of Rectum  
(Duration) 1 yrs. .... mos. .... ds.

Contributory (Secondary) .....  
(Duration) ..... yrs. .... mos. .... ds.  
(Signed) J. J. Green, M. D.  
May 10 1930 (Address) New Haven

\*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 ..... yrs. .... mos. .... ds. In the 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 May 7 1930

20 UNDERTAKER C. J. Cook ADDRESS New Haven Ky.