

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		21126 File No. _____ Registered No. <u>37</u>
1. PLACE OF DEATH				
County <u>Monroe</u>		Registration District No. <u>1064</u>		
Vot. Pct. <u>No. 6</u>		Primary Registration District No. <u>7362</u>		
Inc. Town _____				
City _____ (No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number)				
2. FULL NAME <u>James Tol Keys</u> IF VETERAN, WHAT WAR? _____				
(a) Residence, No. <u>Tompkinsville, Ky.</u> 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			MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Dora Keys</u>				
6. DATE OF BIRTH <u>May 10 1857</u>				
7. AGE	Year <u>82</u>	Months <u>2</u>	Days <u>25</u>	If LESS than 1 day.....hrs. or.....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as physician, lawyer, bookkeeper, etc. <u>farmer</u>			
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____			
11. Total time (years) spent in this occupation _____				21. DATE OF DEATH <u>Aug. 4 1939</u> , 19__
12. BIRTHPLACE <u>Kentucky</u>				22. I HEREBY CERTIFY that I attended deceased from <u>Aug. 1</u> , 19 <u>39</u> to <u>Aug 4</u> , 19 <u>39</u> I last saw him alive on <u>Aug 1</u> , 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>6</u> p. m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Arterio sclerosis</u>
13. NAME <u>Unknown</u>				Date of onset _____
14. BIRTHPLACE <u>"</u>				Contributory causes of importance not related to principal cause: _____
15. MAIDEN NAME <u>Elan Keys</u>				Name of operation _____ Date of _____
16. BIRTHPLACE <u>Ky</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____
17. INFORMANT <u>Fred Keys</u> (Address) <u>Tompkinsville, Ky.</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL Place <u>Keys Cemt.</u> Date <u>8/5/39</u> , 19__				Manner of injury _____
19. UNDERTAKER <u>L. K. Yokley</u> (Address) <u>Tompkinsville, Ky.</u>				Nature of injury _____
20. FILED <u>9/1/39</u> , 19__				24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify _____ (Signed) <u>J. F. Manso 6107</u> , M. D. (Address) <u>Tompkinsville, Ky.</u>



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony whereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 14 day of June, 1939.

Barbara F. White
Barbara F. White, State Registrar