

COMMONWEALTH OF KENTUCKY

16742

1 PLACE OF DEATH
County Harrison

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.
Registered No. 96

Vet. Pat.

Registration District No. 780

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

Inc. Town

Primary Registration District No. 2265

City Madisonville Ky

St. Ward)

2 FULL NAME

Thomas Henry Goodlow

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced X

16 DATE OF DEATH July 18, 1925
(Month) (Day) (Year)

6 DATE OF BIRTH Dec 13, 1946
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from March 10, 1925, to July 18, 1925, that I last saw him alive on July 18, 1925, and that death occurred on the date stated above at 6 1/2 m.

7 AGE 78 yrs. 7 mos. 5 ds. IF LESS than 1 day hrs. or min?

The CAUSE OF DEATH^o was as follows:
Chronic subarachnoid hemorrhage

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

(Duration) 3 yrs. 4 mos. 4 ds.

9 BIRTHPLACE (State or country) Ky

Contributory (Secondary) Paralysis

10 NAME OF FATHER Jack Goodlow

(Duration) yrs. 4 mos. 4 ds.
(Signed) J.P. Sinker, M. D.
7/20, 1925 (Address) Madisonville Ky

11 BIRTHPLACE OF FATHER Ky

12 MAIDEN NAME OF MOTHER Lizzie Dalton

13 BIRTHPLACE OF MOTHER Ky

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sam Myatt

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted,

(Address) Madisonville

If not at place of death? Former or usual residence

15 Filed 7-8, 1925 G.C. Gray Registrar

19 PLACE OF BURIAL OR REMOVAL Grave Vine DATE OF BURIAL 7/20, 1925

20 UNDERTAKER L.N. Springfield ADDRESS Madisonville Ky