

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24077

1 PLACE OF DEATH  
County Bell Co.  
Vol. Pat. Bready Creek  
Inc. Town Tinsley  
City Ky.

Registration District No. 65  
Primary Registration District No. 4113

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2 FULL NAME Margha Thompson  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

(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, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced Widowed  
(or) WIFE of Callie Thompson

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day hrs. or min.  
64

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Evings, Va.  
(State or country)

MOTHER FATHER  
13. NAME John Poling

14. BIRTHPLACE (city or town) unknown  
(State or country)

15. MAIDEN NAME Callie Myark

16. BIRTHPLACE (city or town) unknown  
(State or country)

17. INFORMANT Callie Thompson  
(Address) Tinsley Ky

18. BURIAL, CREMATION, OR REMOVAL  
Place Nelson St. Date Oct 26, 1934

19. UNDERTAKER H. T. Armett & son  
(Address) Pineville Ky.

20. FILED Oct 26, 1934 Bess Raines  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1934 to 10-24, 1934  
I last saw her alive on 10-20, 1934, death is said to have occurred on the date stated above, at 8:20 P.M.  
The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Heart Disease  
957

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_  
(Signed) J. S. Parrott, M. D.  
(Address) Tinsley, Ky.