

Kentucky Post - March 18, 1941

Thomas G. Denton

Services for Thomas G. Denton, landscape artist, Covington, will be held at 1:30 p. m. Wednesday at his home and at 2:30 p. m. at the Presbyterian Church in Richwood. Burial will be in Richwood Cemetery. Tharp and Stith, funeral directors, are in charge.

Mr. Denton died Monday at his home, 624 Crescent avenue, after an illness of six months. He was 50.

He leaves his widow, Mrs. Nellie Denton; two daughters, Miss Evelyn, Covington, and Mrs. Sherman Friend, Union; three sons, Thomas and Roy, Covington, and Albert Lee Denton, who is serving in the army at Ft. Sheridan, Ill.; his father, Albert Lee Denton Sr., Covington; a sister, Mrs. Minnie Ecton, Winchester; a brother, Lee Denton, Pitcher, Okla., and a grandson.

Denton, Thomas Gibson 1890 - 1941

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **7938**
 Registrar's No. **2811**

Form V. S. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

Registration District No. **790** Primary Registration District No. **2290**

1. PLACE OF DEATH:
 (a) County KENTON
 (b) City or town COVINGTON
 (c) Name of hospital or institution 624 CRESCENT AVE
 (d) Length of stay: In hospital or community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State KY. (b) County KENTON
 (c) City or town COVINGTON
 (d) Street No. 624 CRESCENT AVE.
 (e) If foreign born, how long in U. S. A.? LIFE years

3(a) FULL NAME THOMAS GIBSON DENTON
 3(b) If veteran, Name war _____ No. _____
 3(c) Social Security No.

4. Sex M. **5. Color or race** W. **6(a) Single, widowed, married, divorced** MARRIED

6(b) Name of husband or wife NELLIE
6(c) Age of husband or wife if alive 37 **1892**

7. Birth date of deceased OCT. 15 **1892**
 (Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 2 If less than one day _____ hr. _____ min.

7. Birthplace MT. STERLING, KY.
10. Usual occupation LANDSCAPE ARTIST
11. Industry or business _____

FATHER
 12. Name ALBERT LEE DENTON
 13. Birthplace MONTGOMERY COUNTY

MOTHER
 14. Maiden name NINNIE HENRY
 15. Birthplace MONTGOMERY COUNTY

16(a) Informant's own signature Flora Denton
(b) Address 624 Crescent

17. BURIAL, CREMATION, OR REMOVAL
 Place RESTWOOD Date MAR 19, 41

18(a) Signature of funeral director W. R. Stith
(b) Address Flourence Ky
19(a) Date received by local registrar MAR 19 1941 **(Registrar's Signature)** _____

MEDICAL CERTIFICATION
20. DATE OF DEATH MARCH 17 1941
21. I hereby certify that I attended the decedent from 10/2/1940
31/1/1941 to 3/16/1941, that I last saw him alive on 3/16/1941, and that death occurred on the date stated above at _____ M.
 Immediate cause of death General arteriosclerosis
due to Hypertension
 Other conditions _____
 Major findings: None made
 Of operations None made
 Of autopsy None made

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of work) _____
 (a) Means of injury _____
23. Signature _____ **(b) Date signed** 3/19/41
 Address 1031 Acacia St. Covington

MARGIN RESERVED FOR BINDING

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.