

Cynthiana Democrat - March 27, 1941

Fall From Roof Fatal To Virgil Florence

**FELL FROM ROOF OF BACK
PORCH; FORMER JAILER
DIED INSTANTLY**

Citizens of the town and county were shocked when it became known that Virgil Florence, 35 years old, former jailer, had met his death in a fall from the roof of the back porch of the residence at the jail about 10:30 Wednesday night, March 19. Patrolman George Cobb and Chester Harp said that Mr. Florence apparently lost his balance and fell about eight feet, landing head first on the concrete walk. Death was practically instantaneous.

His wife, Mrs. Florence told the officers that her husband stepped to the roof from a bed room window after they heard a noise and thought someone was stealing coal from the coalhouse.

The former jailer had resigned his position about a month ago, due to ill health and his wife was appointed to fill out his unexpired time. She is 26 years old and the youngest jailer in the state.

Thomas Virgil Florence was born August 6, 1905, in this county, a son of Robert E. Florence, of Sylvan Dell, and the late Alice Cummins Florence, both members of prominent Harrison county families. Besides his wife and father, he is survived by a daughter, Vergie Ann, three brothers, Harry, Ezra, and R. E. Florence Jr., and one sister, Mrs. Elmer Geoghegan. He was a member of Salem Christian church, having joined when 15 years of age. The Cynthiana Chapter B. P. O. Elks, to which he belonged, held services at the home Thursday evening. Funeral services were held at the Whaley Funeral Home Friday afternoon at 2:30 o'clock with the Rev. Floyd D. Rose officiating. Burial in Salem cemetery. Pall bearers: Will M. Terry, P. H. Kimbrough, Harold McIlvain, Lonnie Barnes, Cecil Florence and William Penn.

Florence, Thomas Virgil 1905 - 1941

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

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

State File No. 7245
Registrar's No. 56

Registration District No. 670 Primary Registration District No. 5803

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Cynthiana
(c) Name of hospital or institution: West Pike Street
(d) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Harrison
(c) City or town Cynthiana
(d) Street No. West Pike Street
(e) If foreign born, how long in U. S. A. _____ years

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

4. Sex male 5. Color or race White 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Sara Ann Whalen
6(c) Age of husband or wife if alive 26 Years

7. Birth date of deceased August 6, 1905
(Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 13 If less than one day _____ min.

9. Birthplace Harrison County, Ky.

10. Usual occupation Former Jailer of Harrison Co.

11. Industry or business _____

12. Name Robert E. Florence
13. Birthplace Harrison County, Ky.

14. Maiden name Alice Cummins
15. Birthplace Harrison County, Ky.

16(a) Informant's own signature Robert E. Florence
(b) Address Cynthiana, Kentucky

17. BURIAL, CREMATION, OR REMOVAL
Place Salem Cemetery Date Nov. 21, 1941

18(a) Signature of funeral director James S. Whaley
(b) Address Cynthiana, Kentucky

19(a) March 21, 1941 (Date received by local registrar) (b) Marshall McLeod (Registrar's signature)

20. DATE OF DEATH March 19, 1941
21. I hereby certify that I attended the deceased from _____ to _____, that I last saw him alive on _____, and that death occurred on the date stated above at _____ M.
Immediate cause of death: Skull Fracture DURATION _____
Due to Fall from Porch Roof (Accident)
Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence _____
(c) Where did injury occur? In or about home, on farm, in industrial place in public place? at home (Specify type of place)

While at work? _____ (e) Means of Injury _____

23. Signature David R. Rees (M. D. or other) _____
Address Cynthiana Ky. Date signed 3/21/41

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.