

Registration District No. 102X

Primary Registration District No. 2046

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|---|-----------------------------------|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY BOYD | | | 2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE KY b. COUNTY BATH | | |
| b. CITY (If outside corporate limits, write RURAL and give township) ASHLAND | | c. LENGTH OF STAY (in this place) 11 | c. CITY (If outside corporate limits, write RURAL and give township) PALT-LICK | | 106 |
| d. FULL NAME OF (if not in hospital or institution, give street address or hospital or location) MIC-DATHERS HOSPITAL | | | d. STREET ADDRESS (If rural, give location) | | |
| 3. NAME OF DECEASED a. (First) WILLIAM THOMAS CONLEY | | | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) SEPT 6 - 1955 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH OCT 20 - 1878 | 9. AGE (In years last birthday) 76 | If Under 1 Year Months Days Hours Min. 16 14 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) MORGAN CO. KY | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME BIDE CONLEY | | | 14. MOTHER'S MAIDEN NAME MILLIE-ADKINS | 17. INFORMANT MRS ROSA CONLEY | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | |
| 18. CAUSE OF DEATH | | | MEDICAL CERTIFICATION | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| ANTECEDENT CAUSES | | | DUE TO (b) | | |
| *This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication to which caused death. | | | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331X - 070 - 14 | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) | (COUNTY) | (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from 11:55 to 9/6/55 , that I last saw the deceased alive on Thu , 12 , and that death occurred at 9 A m., from the causes and on the date stated above. | | | | | |
| 23a. DATE SIGNED 9/10/55 | | 23b. ADDRESS Boyd County, Kentucky | | 23c. SIGNATURE Patricia M. Sear (Degree or title) | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE SEPT 9 - 1955 | 24c. NAME OF CEMETERY OR CREMATORY JONES CEM | 24d. LOCATION (City, town, or county) (State) PALT-LICK BATH KY | | |
| 25a. DATE RECD BY LOCAL REG. | | 25b. REGISTRAR'S SIGNATURE W. M. Sear | 25c. FURNERAL DIRECTOR W. M. Sear | 25d. ADDRESS PALT-LICK KY | |