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. 9613
Register's No. 170

Registration District No. 570 Primary Registration District No. 2027

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.

1. PLACE OF DEATH:
(a) County Bath
(b) City or town Rural-Salt Lick (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Bath
(c) City or town Rural (If outside city or town limits, write RURAL)
(d) Street No. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Howard Evern Conley

3(b) If veteran, Name war
3(c) Social Security No. 407-16-9232

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

6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years

7. Birth date of deceased April 7, 1903 (Month) (Day) (Year)

8. AGE: Years 39 | Months 10 | Days 8 | If less than one day hr. min.

9. Birthplace Kentucky
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name William T. Conley
13. Birthplace Kentucky

MOTHER
14. Maiden name Rosetta Cassity
15. Birthplace Kentucky

16(a) Informant's own signature W. T. Conley
(b) Address Salt Lick, Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Jones Cemetery Date Feb 17 1942
18(a) Signature of funeral director Barnes & Haselman
(b) Address Salt Lick Ky

19(a) 2/26-1942 (Date received by local registrar) (b) Mrs. Bond Brothers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1942

21. I hereby certify that I attended the deceased from 2/14 1942 to 2/14 1942 that I last saw him alive on 2/14 1942 and that death occurred on the date stated above at 11 P.M.

Immediate cause of death: Probably Tetanus following Splinter wound beneath Due to Thumb Nail. DURATION

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (d) Means of injury

23. Signature Ewald Kuss M.D. (Id. D. or other)
Address Morehead Ky. Date signed 2-21-42