

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Rowan
Vol. No. # 2
Ino. Town
City (No. St. Ward)

Registration District No. 7492
Primary Registration District No.

File No. 24982
Registered No. 22

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME E. Ligea Peal

DELAY

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

16 DATE OF DEATH Sept 10 1914
(Month) (Day) (Year)

6 DATE OF BIRTH (Month) (Day) (Year) 1

17 I HEREBY CERTIFY, That I attended deceased

7 AGE about 57 IF LESS than 1 day... hrs. or... min.?

from 191..... to 191....., that I last saw h..... alive on..... 191..... and that death occurred on the date stated above

8 OCCUPATION (a) Trade, profession, or particular kind of work Farming (b) General nature of industry business or establishment in which employed (for employer)

at..... m. The CAUSE OF DEATH* was as follows:
Found dead Cause unknown Injury removed Under a chest disease
(Duration)..... yrs..... mos..... ds.

9 BIRTHPLACE (State or country) Bath Co.

Contributory (Secondary) (Duration)..... yrs..... mos..... ds

10 NAME OF FATHER Warsh Peal

(Signed) Heath of Peal M. P.
(Address) Rowan Co. Ky

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Nicie Peal

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Lila Peal (Address) Farwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSES and (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS OR RECENT RESIDENTS)

At place of death yrs..... mos..... ds. State yrs..... mos..... ds. Where was disease contracted, if not at place of death?

Former or usual residence ...

15 Filed Oct. 17 1914 Maudie Myers REGISTRAR

16 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL Sept. 11, 1914

17 UNDERTAKER ADDRESS cc/1033 4-12-39

MARGIN RESERVED FOR INDEXING
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
B-5--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. See instructions on back of certificate.