

COMMONWEALTH OF KENTUCKY
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 2398

1 PLACE OF DEATH

County Rowan

Vol. No. Farmers H. 11

Loc. Town Farmers

City (No. St. Word)

Registration District No. 1311

Primary Registration District No. 2506

Registered No. 1

(If death occurred in a hospital or institution give the NAME (number) of street and number.)

2 FULL NAME James B. Cassidy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIAGE Married

6 DATE OF BIRTH Aug 5 1885

7 AGE 49 yrs 5' 15" ht

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

9 BIRTHPLACE (State or country) Morgan Co.

10 NAME OF FATHER J. B. Cassidy

11 BIRTHPLACE OF FATHER Ky.

12 MARRIAGE NAME OF MOTHER Gallie Edington

13 BIRTHPLACE OF MOTHER Ky.

14 IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) George A. Cassidy

(Address) Farmers Ky.

15 DIED Jan 20, 1935 Mrs. Thos. E. Calvert

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 20, 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1935, and that death occurred on the date stated above at 12:00 pm.

18 THE CAUSE OF DEATH was as follows: Chronic Bronchopneumonia, Nephritis

(Duration) 2 yrs. 7 mo. Contributory (Secondary) Bronchial Arteriosclerosis

(Signed) J. B. Caldwell M. D. Jan 21, 1935 (Address) Rowan Ky.

(State the Disease Causing Death, or if Injury, state of Injury) and if whether Accidental, Suicidal or Homicidal.

19 LENGTH OF RESIDENCE (or Hospital, Institution, Workhouse or Home) (Residence) at place of death yrs. mos. da. State yrs. mos. da. Where was disease contracted?

if not at place of death? Farmer or usual residence

20 PLACE OF BURIAL OR REMOVAL (Date of Burial) Jones Gravesyard Jan 22, 1935

21 UNDERTAKER (Address) J. B. Calvert Rowan Ky.

NEAREST RELATIVES THE DECEASED
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Be sure name of informant is correctly spelled. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain so that it may be properly classified. Do not transcribe on back of certificate. See instructions on back of certificate.