Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 30594

Registered No. 30

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

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be carefully verified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Rowan

Vol. Pct. 4 2

Registration District No. 2492

Ino., Town

Primary Registration District No. 1492

City (No. St., Ward)

1 FULL NAME James Garfield Conley.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX: Male

3 COLOR OR RACE: White

4 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

5 DATE OF BIRTH: Sept 20, 1912 (Month) (Day) (Year)

6 AGE: 1 yrs. 2 mos. ... da. IF LESS than 1 day ... hrs. or ... min.?

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

8 BIRTHPLACE (State or country): Bath Co.

PARENTS

9 NAME OF FATHER: Henry Conley

10 BIRTHPLACE OF FATHER (State or country): Rowan Co

11 MAIDEN NAME OF MOTHER: Lottie Caudill

12 BIRTHPLACE OF MOTHER (State or country): Carter Co.

13 I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: Henry Conley

(Address): Morehead

Filed Nov 13, 1913 Maude Myers Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH: Nov 13 (Month) (Day) 1913 (Year)

15 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1913, to Nov 6, 1913, that I last saw him alive on Nov 6, 1913, and that death occurred on the date stated above at ... m. The CAUSE OF DEATH* was as follows:

Chronic Enteritis

(Duration) ... yrs. ... mos. ... da.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... da

(Signed) D. P. McCallon, M. D

Nov 13, 1913 (Address) Morehead, Ky.

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

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.
Where was disease contracted, if not at place of death?
Former or usual residence

17 PLACE OF BURIAL OR REMOVAL: Jones Cemetery

DATE OF BURIAL: Nov 13, 1913

18 UNDERTAKER: Geo. Harrison

ADDRESS: Farmers, Ky.