

Pelfrey, Alma Jean 1934 - 1949

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		State File No. 6083	
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS		Registrar's No. 9	
CERTIFICATE OF DEATH		Registration District No. 1170		Primary Registration District No. 7801	
1. PLACE OF DEATH a. COUNTY Parry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Parry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harveyton, (Rural)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harveyton (Rural)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Harveyton, Ky		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) TMA b. (Middle) JEAN c. (Last) PELFREY		4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 114	9. AGE (In years last birthday) 14	10. If Under 1 Year If Under 24 Hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY XXXXXX		11. BIRTHPLACE (State or foreign country) Harveyton, Ky	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George Pelfrey		14. MOTHER'S MAIDEN NAME Brosie Fuller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. XXX XXX		17. INFORMANT Glossie Pelfrey	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) remia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) terminal stage DUE TO (c) glomerulonephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension		INTERVAL BETWEEN ONSET AND DEATH 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 593X-131A		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1948 to Jan 1949 that I last saw the deceased alive on Jan 31 , 1949, and that death occurred at 4:15 p.m., from the causes and on the date stated above.					
23a. DATE SIGNED 2/1-49		23b. ADDRESS Harveyton, Ky		23c. SIGNATURE (Degree or title) Chas. Buchanan M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 1, 1949		24c. NAME OF CEMETERY OR CREAMATORY Emmalena Family Emmalena, Ky	
24d. LOCATION (City, town, or county) (State)		25a. DATE REC'D BY LOCAL REG. 2-10-49		25b. REGISTRAR'S SIGNATURE John D. ...	
25c. FUNERAL DIRECTOR ADDRESS Johnson Funeral Home, Hazard, Ky					