

Pelfrey, Amos 1924 - 1929

Form V. S. 2-300m-4-11-23

22654

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Perry File No. 01

Vot. Pot. 21 Registrar's District No. 1174 Registered No. _____

Inc. Town Harveston, Ky. Primary Registration District No. 7118

City Harveston, Ky. (No. _____ St. _____ Ward _____)

2 FULL NAME Amos Pelfrey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE w 5 Single Married Widowed or Divorced S
(Write the word)

6 DATE OF BIRTH Dec. 27 1924
(Month) (Day) (Year)

7 AGE 4 yrs. 7 mos. 4 ds. IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER George Pelfrey

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Rosa Kuller

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rosa Pelfrey
(Address) Harveston, Ky.

15 Filed 9-4 1929 C. P. Rogers Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 1 1929
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 21, 1929, to Aug. 1, 1929, that I last saw him alive on Aug. 1, 1929, and that death occurred on the date stated above at 7:30 a.m.

The CAUSE OF DEATH* was as follows:
Pneumonia - Bronchitis

(Duration) _____ yrs. _____ mos. 10 ds.

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

(Signed) D. J. Cunningham M. D.
Aug 2, 1929 (Address) Harveston, Ky.

*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____ at place _____ In the _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, _____
if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

20 UNDERTAKER _____ ADDRESS _____

Important. See instructions on back of certificate. Exact Statement of OCCUPATION is very