

Pelfrey, Everett 1922 - 1944

WRITE IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION in every line.

DELAY

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 13526
 Registrar's No. 195

Registration District No. 117D Primary Registration District No. 7801

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Perrow</u></p> <p>(b) City or town <u>Perrow</u></p> <p>(c) Name of hospital or institution <u>Harneyton Ky</u> <small>(If not in hospital or institution write street number or location)</small></p> <p>(d) Length of stay: In hospital or community <u> </u> <small>(years, months or days)</small></p>	<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Ky</u> (b) County <u>Perrow</u></p> <p>(c) City or town <u>Perrow</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. <u>Bulan</u> <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. A.? <u> </u> yrs</p>
<p>3(a) FULL NAME <u>Everett Pelfrey</u></p> <p>3(b) If veteran, <u> </u> 3(c) Social Security No. <u> </u></p>	<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>20. DATE OF DEATH <u>1-20</u> 19<u>44</u></p> <p>21. I hereby certify that I attended the deceased from <u> </u> to <u> </u> 19<u>44</u> that I last saw him alive on <u>Jan 20</u> 19<u>44</u> and that death occurred on the date stated above at <u>6 a. m.</u></p> <p>Immediate cause of death: <u>Fract. skull</u> DURATION <u>short</u></p> <p>Due to: <u>external violence</u></p> <p>Other conditions: <u>None</u> <small>(Include pregnancy within 3 months of death)</small></p> <p>Major findings: Of operations: <u>P14</u></p> <p>Of autopsy: <u> </u></p>
<p>4. Sex <u>M</u> 5. Color or race <u>W</u> 6(a) Single, married, divorced <u>Single</u></p> <p>6(b) Name of husband or wife <u> </u></p> <p>6(c) Age of husband or wife if alive <u> </u> Years</p> <p>7. Birth date of deceased (Month) <u> </u> (Day) <u> </u> (Year) <u> </u></p> <p>8. AGE: Years <u>22</u> Months <u> </u> Days <u> </u> If less than one day hr. <u> </u> min. <u> </u></p> <p>9. Birthplace <u> </u></p> <p>10. Usual occupation <u>Coal Miner</u></p> <p>11. Industry or business <u> </u></p>	<p>12. Name of FATHER <u>Geo Pelfrey</u></p> <p>13. Birthplace of FATHER <u> </u></p> <p>14. Maiden name of MOTHER <u>Amanda Fuller</u></p> <p>15. Birthplace of MOTHER <u> </u></p>
<p>16(a) Informant's own signature <u>Clara L. Wilcox</u></p> <p>(b) Address <u>Bulan Ky</u></p> <p>17. BURIAL, CREMATION OR REMOVAL: Place <u>Bulan Ky</u> Date <u>1-22-44</u></p> <p>18(a) Signature of funeral director <u>Engles</u></p> <p>(b) Address <u>Hazard Ky</u></p> <p>19(a) <u>6/1/45</u> (Date received by local registrar) (b) <u> </u> (Registrar's signature)</p>	<p>19(b) If death was due to external causes, fill in the following:</p> <p>(a) Accident, suicide, or homicide (specify) <u>Accident</u></p> <p>(b) Date of occurrence <u>Jan 20, 1944</u></p> <p>(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? <u>Mining shaft</u> <small>(Specify type of place)</small></p> <p>While at work? <u> </u> (e) Means of injury <u>Struck head against iron collar</u></p> <p>23. Signature <u>Mantona Fabman</u> (M. D. or public health officer) Address <u>Harneyton Ky</u> Date signed <u>6/6/45</u></p>