

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14089

1 PLACE OF DEATH

County Monroe

File No.

Vot. Pct. No.Registration District No. 1064Registered No. 16

Inc. Town.....

Primary Registration District No. 6736

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

City.....

(No. St. Ward)

2 FULL NAME J.B. Parsley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single Married Widowed or Divorced married
(Write the word)6 DATE OF BIRTH do not know
(Month) (Day) (Year)7 AGE about 68
yrs. mos. ds. IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work farmer
(b) General nature of industry, business or establishment in which employed (or employer) retired9 BIRTHPLACE (State or country) do not know10 NAME OF FATHER Billie Parsley11 BIRTHPLACE OF FATHER (State or country) do not know12 MAIDEN NAME OF MOTHER Carlina Johnson13 BIRTHPLACE OF MOTHER (State or country) do not know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isaac Parsley,(Address) Tompkinsville, Ky.15 Filed 6/24/27 192 Russell B. ...
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 20 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Apr. 1927 to June 20 1927, that I last saw him alive on June 15, 1927, and that death occurred on the date stated above at 3 A.M.The CAUSE OF DEATH* was as follows:
Tubercular Peritonitis..... (Duration) yrs. mos. ds.
Contributory (Secondary) (Duration) yrs. mos. ds.
(Signed) Geo. E. Bushong, M. D.
24 1927 (Address) Wrightsville, Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes 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?

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Beautiful Cemetery 6/20/27 19220 UNDERTAKER ADDRESS
J.W. Yokley, Tompkinsville, Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERM. MAKE RECEIVED FOR BIDDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.