

PLACE OF DEATH

County Muhlenberg

Vet. Post. West Rogers 13

Inc. Town Greenville

City Greenville (No. 871)

FULL NAME Joseph C. Corley (No. 2436)

File No. 13575

Registered No. 47

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

St.; Ward

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Dec. 16, 1865
(Month) (Day) (Year)

7 AGE 46 yrs. 6 mos. 14 ds. If LESS than 1 day... hrs, or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg County, Ky.

10 NAME OF FATHER Wm. Corley

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Angeline Johnson

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dexter Morgan
(Address) Greenville, Ky.

15 Filed June 2, 1912 V. H. Graubling REGISTRAR

16 DATE OF DEATH May 30, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1912, to May 30, 1912, that I last saw him alive on May 30, 1912, and that death occurred, on the date stated above, at 2:10 pm. The CAUSE OF DEATH* was as follows:

Struck on left side of head by a stone in blood for formation of fatal, accidental. (Duration) 15 minutes ds.

Contributory None (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Marion T. J. Blanton, M. D.
May 30, 1912 (Address) Greenville, 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 of death yrs. mos. ds. In the State yrs. mos. ds.

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

19 PLACE OF BURIAL OR REMOVAL Pleasant Hill DATE OF BURIAL June 2, 1912

20 UNDERTAKER Orien L. Roark ADDRESS Greenville, Ky.

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.