

9087

1 PLACE OF DEATH

County *Martin* Vol. Pat. *14* Inc. Town *1134*

File No. ....

Registered No. *3*

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

City (No. St.) Ward

2 FULL NAME *Robert Highley*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If wife the word) *Unwed*

10 DATE OF DEATH *March 5th, 1917*  
(Month) (Day) (Year)

6 DATE OF BIRTH *March 25th 1831*  
(Month) (Day) (Year)

11 I HEREBY CERTIFY that I attended deceased from *20/15/1916*, 1916, to *3/5/1917*, 1917, that I last saw him alive on *13/1/1917*, and that death occurred, on the date stated above, at *106*

7 AGE *85 yrs. 11 mos. 10 ds.* If LESS than 1 day ... hrs. or ... min. 7

The CAUSE OF DEATH\* was as follows:  
*Cerebral Degeneration of Brain*  
(Duration) *1* yrs. ... mos. ... ds.

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

9 BIRTHPLACE (State or country) *W. Va.*

PARENTS 10 NAME OF FATHER *John Highley*  
11 BIRTHPLACE OF FATHER (State or country) *Virginia*  
12 MAIDEN NAME OF MOTHER *Estlin Melvain*  
13 BIRTHPLACE OF MOTHER (State or country) *Virginia*

Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds.  
(Signed) *T. J. Edge*, M. D.  
*3/5/1917* (Address) *Prichard Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Wm. Clearmond*  
(Address) *Green Hill, W. Va.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL  
(12) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients 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

15 Filed *2/5/1917* S. A. Stewart REGISTRAR

13 PLACE OF BURIAL OR REMOVAL *East Union* DATE OF BURIAL *3/5/1917*  
14 UNDERTAKER *Chas. Craft* ADDRESS *Prichard Ky*