

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

23108

1. PLACE OF DEATH

County MurphyVet. Post Emmis

Inc. Town

City Emmis KyRegistration District No. 1097Primary Registration District No. 2866

File No. _____

Registered No. 7(No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Daniel Boyd Neely(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in _____ town and State) mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. Single, Married, Widowed
Married5a. If married, widowed, or divorced
HUSBAND of Lillian Neely
(or) WIFE of6. DATE OF BIRTH Oct 19 18897. AGE Years Months Days If LESS than
45 8 24 1 day.....hrs.
or.....min.8. Trade, profession, or particular
kind of work done, as spinner,
sewer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Farmer10. Date deceased last worked at
this occupation (month and
year).11. Total time (years)
spent in this
occupation.12. BIRTHPLACE Ky.13. NAME Calvin Neely14. BIRTHPLACE Ky.15. MAIDEN NAME Lida Hunt16. BIRTHPLACE Ky.17. INFORMANT Frank Neely(Address) Hartsville Ky.18. BURIAL, CREMATION OR REMOVAL Ky.Place Hartsville Date July 13, 1935

19. UNDERTAKER

(Address)

20. FILED October 4, 1935 by G. B. Fleming

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 12, 193522. I HEREBY CERTIFY, That I attended deceased from
_____ 19____ to _____ 19____I last saw h_____ alive on _____, 19____, death is said
to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance
in order of onset were as follows:accidentally killed
by trees on
high way.
Contributory causes of importance not related to
principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:

Accident, suicide, or homicide? _____ date of injury _____ 19____

Where did injury occur? on high way(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in
public place.Manner of injury Head crushed

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) Lennie Bryan(Address) Central City Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL 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.