

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2314

File no. _____

Registered No. 311. PLACE OF DEATH
County Martin
Vet. Pct. Beech Creek
Inn. Town ky
City _____Registration District No. 1085
Primary Registration District No. 7511(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Harland James Parsons IF VETERAN, WHAT WAR? _____(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (if nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. New long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced, (write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH <u>June 30 1939</u>				
7. AGE	Years	Months	Days	If LESS than 1 day... 2... hrs. or... 10... min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		12. BIRTHPLACE <u>Martin Co Ky</u>		
10. Date deceased last worked at this occupation (month and year)		13. NAME <u>Harland James Parsons</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 31, 1939
22. I HEREBY CERTIFY that I attended deceased from Jan 30, 1939 to Jan 31, 1939. I last saw ~~her~~ alive on Jan 31, 1939, death is said to have occurred on the date stated above, at 10:00 in. The principal cause of death and related causes of importance in order of onset were as follows:Atelectasis 1939 Jan 30

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? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. Richardson 7718 M. D.(Address) Beech Creek Ky.18. BURIAL, CREMATION, OR REMOVAL
Place Union Ridge Date 1-31-39, 193919. UNDERTAKER St. John's
(Address) Beaumont20. FILED 1-31-39, 1939 James Carter
Registrar.

MARGIN RESERVED FOR BINDING

1. B. WRITE PLAINLY, WITH SPACING INK—THIS IS A PERMANENT RECORD. 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.