

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

in District

File No. 3599
Registered No. 9

1 PLACE OF DEATH
County Hopkins

Vol. Pct. 5 Registration District No. 131

Inc. Town Earlington Primary Registration District No. 2265

City _____ (No. _____ St. _____ Ward) _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Conusly C. Goodloe

(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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Married
Widowed or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND OF (or) WIFE of _____

6 DATE OF BIRTH July 9 (Month) (Day) (Year)

7 AGE 74 yrs. mos. ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work retired coal miner
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) (state or country) Mo

10 NAME OF FATHER Jack Goodloe

11 BIRTHPLACE OF FATHER (city or town) (state or country) Dart Square

12 MOTHER NAME OF MOTHER Elizabeth Pettis

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Dart Square

14 (Informant) Elizabeth Goodloe
(Address) Market Street

15 Filed 2/11/27 19 Joy Todd Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 10 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw him alive on Jan 10, 1927, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.
Contributory (Secondary) W. H. United
(Duration) _____ yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? no
(Signed) W. H. United M. D.
2/11/27 (Address) Earlington Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Earlington DATE OF BURIAL Feb 11 1927

20 UNDERTAKER Barnett Jones ADDRESS Madisonville

Important. See instructions on back of certificate.