

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH,

County WilkesVol. Pot. Aug or not to 40 Registration District No.Ino. Town Belee Primary Registration District No.

City (No.) St., Ward)

2 FULL NAME William M. Colyer

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH January 20, 1845
(Month) (Day) (Year)7 AGE 81 yrs. 9 mos. 20 ds. IF LESS than 1 day ... hrs. or ... min.?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) Ky10 NAME OF FATHER Blairford Colyer11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Becky Kirtley13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Colyer(Address) Belee15 Filed W. T. Godby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 18, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from, 191....., to, 191....., that I last saw h..... alive on, 191....., and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

Consumption
.....
..... (Duration).... yrs..... mos..... ds.

Contributory..... (SECONDARY)..... (Duration)..... yrs..... mos..... ds.

(Signed)....., M. D.
....., 191... (Address).....

*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

19 PLACE OF BURIAL OR REMOVAL Colyer grave yard DATE OF BURIAL Nov 19, 192620 UNDERTAKER Swain & Day ADDRESS