

1 PLACE OF DEATH

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10818

File No. 13

County MuhlenbergVol. Pat. No 38Registration District No. 1092

Registered No. ....

In: Town Beech CreekPrimary Registration District No. 6828

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

City .....

(No. .... St., .... Ward)

2 FULL NAME

Wernil Belle Divins

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White5 Single  
Married  
Widowed  
or Divorced  
(Write the word)

16 DATE OF DEATH

April 27, 1929  
(Month) (Day) (Year)

6 DATE OF BIRTH

April 25, 1928  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from No attending, 1928, to Physician, 1929,

7 AGE

IF LESS than 1  
day ... hrs.  
or ... min?that I last saw h..... alive on....., 1929,  
and that death occurred on the date stated above at.....m.

8 OCCUPATION

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

The CAUSE OF DEATH\* was as follows:

Unknownyear

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

9 BIRTHPLACE

(State or country)

Muhlenberg Co

Contributory (Secondary)

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

10 NAME OF FATHER

Paul Andersonson Divins(Signed) Mrs. P. E. James, M.D.

11 BIRTHPLACE OF FATHER (State or country)

Muhlenberg CoApril 27 1929. (Address) Beech Creek

12 MAIDEN NAME OF MOTHER

Annie Laro Key

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

13 BIRTHPLACE OF MOTHER (State or country)

Muhlenberg

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place ..... in the  
of death ..... yrs..... mos..... ds. State..... yrs..... mos..... ds.

14 THE ABOVE IS TRUE TO THE

BEST OF MY KNOWLEDGE

(Informant) Mrs. P. E. James(Address) Beech Creek

Where was disease contracted,

If not at place of death?.....

Former or usual residence .....

15

Filed 4/30, 1929Victor James

Registrar

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Luyatt Chappel - 4-27-1929

20 UNDERTAKER

ADDRESS

Victor James Beech Creek

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.