

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

23840

**1 PLACE OF DEATH**  
 County Mushlenburg  
 Vol. Pct. Presidents Registration District No. 1093  
 Inc. Town \_\_\_\_\_ Primary Registration District No. 6829  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

**2 FULL NAME** Mozzy Pearl Wess.

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Female **4 COLOR OR RACE** white **5 Single Married** married  
 Widowed or Divorced  
 (Write the word)

**5a If married, widowed, or divorced**  
**HUSBAND OF** Edgar Wess.  
**(or) WIFE OF**

**6 DATE OF BIRTH** mar 7. **1 (Year)**  
 (Month) (Day)

**7 AGE** 39 yrs. **IF LESS THAN 1**  
 day \_\_\_\_\_ hrs. \_\_\_\_\_ min?  
 mos. \_\_\_\_\_ ds.

**8 OCCUPATION OF DECEASED**

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

**9 BIRTHPLACE (city or town)** Christian Co  
 (State or country)

**PARENTS**

**10 NAME OF FATHER** M. W. Barnes.  
**11 BIRTHPLACE OF FATHER (city or town)** Christian Co  
 (State or country)

**12 MAIDEN NAME OF MOTHER** Mary Firrell  
**13 BIRTHPLACE OF MOTHER (city or town)** Christian Co  
 (State or country)

**14 (Informant)** M. W. Barnes.  
 (Address) Central City 17

**15 Filed** 10/6/37 C. B. Wickliffe.  
 By M. Wells Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Oct 19 1937  
 (Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased**  
 from Aug 18, 1937, to Oct 19, 1937  
 that I last saw her alive on Oct 18, 1937,  
 and that death occurred on the date stated above at \_\_\_\_\_ m.  
**THE CAUSE OF DEATH\* was as follows:**

Pulmonary Tuberculosis

**Contributory (Secondary)** \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18 WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) Harry Goldsley, M. D.  
Oct 19, 1937 (Address) Central City 14

\*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** Weather's B. G. **DATE OF BURIAL** Oct 20, 1937

**20 UNDERTAKER** M B McDonald **ADDRESS** Summitville 74

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be 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.

MADE READY FOR INDEXING