

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

30078

1 PLACE OF DEATH
County Mullerburg

108 Vet. Pot. Mullerburg Ky

110 Ino. Town Mercer Ky

111 City Mercer Ky (No. St., Ward)

Registration District No. 734

Primary Registration District No.

File No.

Registered No. 8

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

12 FULL NAME Wesley May Fuqua

DELAY

PERSONAL AND STATISTICAL PARTICULARS

13 SEX Female 14 COLOR OR RACE Wool 15 SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
(Write the word)

16 DATE OF BIRTH 15 April 1918
(Month) (Day) (Year)

17 AGE 6 yrs. 0 mos. 0 ds.
IF LESS than 1 day... hrs. or... min.?

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

19 BIRTHPLACE (State or country) Mullerburg

20 NAME OF FATHER Roscoe Fuqua

21 BIRTHPLACE OF FATHER (State or country) Roberson County

22 MAIDEN NAME OF MOTHER Mary Rena Johnson

23 BIRTHPLACE OF MOTHER (State or country) Calderwell County

24 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Roscoe Fuqua
(Address) Mercer Ky

25 Filled Oct. 3 1918 by Wm. E. C. C. C. C.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 3 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1918, to Oct 3, 1918, that I last saw h. alive on Sept 10, 1918, and that death occurred on the date stated above at 9:40 a.m. The CAUSE OF DEATH* was as follows:
enteritis
(Duration) 2 yrs. 2 mos. 0 ds.

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

(Signed) J. M. McQueen M. D.
Oct 3 1918 (Address) Medical City Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

26 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 Hawkins Ky DATE OF BURIAL Oct 4 1918

20 UNDERTAKER Joe G. George ADDRESS Murwill Ky

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

E. B.—Every item of information should be carefully checked. All should be checked in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.