

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

6958

**1 PLACE OF DEATH**

County Muhlenberg  
 Vol. Pct. Banner Kf 15  
 Inc. Town.....  
 City..... (No. .... St., ..... Ward)

Registration District No. 104  
 Primary Registration District No. 6840

File No. ....

Registered No. 90

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

2 FULL NAME Henrietta J. Wellburn**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR OR RACE White 5 Single Married  
 Married Widowed or Divorced (Write the word)  
 6 DATE OF BIRTH Nov 9th 1874  
 (Month) (Day) (Year)  
 7 AGE 52 yrs. 2 mos. 2 ds.  
 IF LESS than 1 day ..... hrs. or ..... min?

8 OCCUPATION  
 (a) Trade, profession or particular kind of work. Post Master  
 (b) General nature of industry, business or establishment in which employed (or employer) U.S. Government

9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER James Wellburn11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Elizabeth Adams13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Henrietta Wellburn(Address) Harrodsburg Ky15 Filed Feb 30, 1927 James Thomas Registrar

11-5184

**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH DECEMBER 31st, 1927  
 (Month) (Day) (Year)17 I HEREBY CERTIFY. That I attended deceased from Jan 31, 1927, to Jan 31, 1927, that I last saw him alive on Jan 31, 1927, and that death occurred on the date stated above at 4:30 p.m.

The CAUSE OF DEATH\* was as follows:

Peritonitis due to fall on rough ground

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

Contributory (Secondary) .....

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

(Signed) J. C. Adams, M. D.1/31/27 (Address) Harrodsburg Ky

\*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 DATE OF BURIAL

Harrodsburg Ky FEB 3, 1927

20 UNDERTAKER ADDRESS

Wm. J. Anderson Harrodsburg Ky

WRITE PLAINLY, 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.  
 MARGIN RESERVED FOR INDEXING

2-25-27  
9-15-27  
2-25-27  
2-25-27