

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

PLACE OF DEATH

County MartinVol. No. 16Registration District No. 7135CITY TOWN Cleaton

Primary Registration District No. ....

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

FULL NAME Beaulie WellsFile No. 29667Registered No. 214

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

DATE OF BIRTH Jan 18, 1908  
(Month) (Day) (Year)

AGE 5 yrs. 9 mos. 17 ds. IF LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Kentucky

NAME OF FATHER Chub wells

BIRTHPLACE OF FATHER (State or country) Kentucky

MAIDEN NAME OF MOTHER Martha Williams

BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chub Wells  
(Address) Cleaton, Ky

FILED Nov 17, 1914 W. H. Moore  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1914, to Nov 3, 1914, that I last saw him alive on Nov 3, 1914, and that death occurred on the date stated above at 7 m. The CAUSE OF DEATH\* was as follows:

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

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

(Signed) L. Bennett, M. D.  
Nov 3, 1914 (Address) Cleaton, Ky

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death.... yrs.... mos.... ds. State.... yrs.... mos.... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

PLACE OF BURIAL OR REMOVAL Jaines Cemetery DATE OF BURIAL 11/4, 1914

UNDERTAKER Cleaton and Co. ADDRESS Cleaton, Ky

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMITS BOOK

M. D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Short statement of OCCUPATION is very important. See instructions on back of certificate.