

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

PLACE OF BIRTH
County Muhlenberg
Vol. No. 15
Inc. Town Cleaton
City (No. St., Ward)

Registration District No. 735
Primary Registration District No.

File No. 20668
Registered No. 215

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

FULL NAME Clay Wells

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>May 16, 1906</u> (Month) (Day) (Year)		
AGE <u>8 yrs. 5 mos. 25 ds.</u>		IF LESS than 1 day ... hrs. or ... min.?
OCCUPATION (a) Trade, profession, or particular kind of work. <u>None</u> (b) General nature of industry business or establishment in which employed (or employer) <u>at home</u>		

BIRTHPLACE (State or country) Kentucky

PARENTS	10 NAME OF FATHER <u>Chub wells</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>
	12 MAIDEN NAME OF MOTHER <u>Ada Lies</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chub Wells
(Address) Cleaton Ky

15 Filed Nov 12, 1914 W. H. Holloway
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 11, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1914, to Nov 11, 1914, that I last saw him alive on Nov 11, 1914, and that death occurred on the date stated above at 7 A.M. The CAUSE OF DEATH* was as follows:
Flux
(Duration) ... yrs. ... mos. ... ds.
Contributory (SECONDARY) ... yrs. ... mos. ... ds.
(Signed) L. B. Bennett, M. D.
Nov 11, 1914 (Address) Cleaton

*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 <u>Trainer Cemetery</u>	DATE OF BURIAL <u>11/12, 1914</u>
20 UNDERTAKER <u>Cleaton and Co.</u>	ADDRESS <u>Cleaton Ky</u>

WRITE PLAIN WITH BRASSING INK--THIS IS A PERM. TEST RECORD
 B. B.--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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.