

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

1 PLACE OF DEATH  
County Muhlenberg  
Vol. Pat. Burns Manual Registration District No. 821  
Inc. Town..... Primary Registration District No. 713d  
City..... (No.....) St.,..... Ward.....  
2 FULL NAME... Emilene Wells

File No. 22876  
Registered No.....  
(If death occurred in a hospital or institution, give the name (street and number.)

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
3 DATE OF BIRTH <u>February 5, 1834</u> (Month) (Day) (Year)		
7 AGE <u>81</u> yrs. <u>7</u> mos. <u>22</u> ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housework</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Muhlenberg County</u>		
PARENTS	10 NAME OF FATHER <u>Edith Duke</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co</u>	
	12 MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>"</u>	

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Sept 27 1915  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 191... to... 191... that I last saw him alive on Sept 26, 191... and that death occurred on the date stated above at 4:00 p.m. The CAUSE OF DEATH\* was as follows:

Pneumonia

(Duration)..... yrs..... mos..... ds.  
Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds.  
(Signed) G. B. Slator, M. D.  
..... 191... (Address).....

\*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.....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ed. Dukes  
(Address) Greenville, Ky.

15 Filed 9/28 1915 J. B. Winn, Jr. REGISTRAR

19 PLACE OF BURIAL OR REMOVAL <u>Cherry Grove</u> UNDERTAKER <u>Oren L. Roark</u>	DATE OF BURIAL <u>9/28</u> 191 <u>5</u> ADDRESS <u>Greenville, Ky.</u>
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WRITE PLAIN WITH INK--THIS IS A FINAL REPORT RECORD  
B. 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.