

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

File No. \_\_\_\_\_  
Registered No. 9

1 PLACE OF DEATH  
County Muhlenberg  
City Central City

Registration District No. 1087  
Primary Registration District No. 2475

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James H. Wells

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. Single, Married, Widowed or Divorced (write the word) Married  
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) \_\_\_\_\_  
7. AGE Years Months Days 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 | 0 | 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Local Grocer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Local Grocer  
10. Date deceased last worked at this occupation (month and year) Jan 14 1930 11. Total time (years) spent in this occupation 26 yrs.

12. BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Adam Wells

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT James H. Wells (Address) Central City Ky

18. BURIAL, CREMATION, OR REMOVAL Interment Central City Ky Date Feb 4th, 1932

19. UNDERTAKER Central City (Address) \_\_\_\_\_

20. FILED 2/5, 1932 Registrar Ad. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/11, 1932  
22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1930 to Feb 11, 1932  
I last saw him alive on Dec 12, 1931, death is said to have occurred on the date stated above, at 4:30 p. m.  
The principal cause of death and related causes of importance in order of onset were as follows:

Cancer of the Stomach Date of onset \_\_\_\_\_  
46  
Contributory causes of importance not related to principal cause: Arteriosclerosis  
Disorder of the Stomach

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes specify \_\_\_\_\_  
(Signed) Ad. [Signature], M. D.  
(Address) Central City Ky

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.