

Commonwealth of Kentucky
STATE DEPT. OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Muhlenberg
Vol. No. # 22
Inc. Town
City
FULL NAME Lenora Wells

Registration District No. 8421
Primary Registration District No. 1092
(No. St., Ward)

File No.
Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>June 30, 1922</u> (Month) (Day) (Year)		
7 AGE yrs. mos. da.	IF LESS than 1 day ... hrs. or ... min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Ky.</u>		
PARENTS	10 NAME OF FATHER <u>Edgar Wells</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Dady Henderson</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
7 31 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7/2, 1922 to 7/3, 1922 that I last saw her alive on 7/2, 1922 and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:
Premature birth.

..... (Duration) yrs. mos. da.
Contributory Transition
(SECONDARY)

..... (Duration) yrs. mos. da.
(Signed) E. M. Beasley, M. D.
7/31, 1922 (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. da. State yrs. mos. da.
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) Edgar Wells
(Address)

19 PLACE OF BURIAL OR REMOVAL
Belle Cemetery
DATE OF BURIAL
7/31, 1922

15 Filed 7/31, 1922
Hester Beasley
J. R. Kennell
REGISTRAR

20 UNDERTAKER
D. Rector
ADDRESS
Dunmore, Ky

STATE PLAIN, WITH UNPAID TAXES, IS NOT VALID. Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly called. Exact statement of OCCUPATION is very important. See instructions on back of certificate.