

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

File No. 25704

Registered No.

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

County Daviess

Vet. Post. Registration District No. 410

Inc. Town. Primary Registration District No. 2145

City Owensboro (No. 529 Brachmudg St., Ward)

2 FULL NAME Mary Wells

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married enclour
Widowed or Divorced (Write the word)

6 DATE OF BIRTH Mar (Month) (Day) (Year)

7 AGE 72 yrs. mos. ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION (a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER John Stisman

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Don't no

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. M. R. R. R.

(Address) Essie St

15 Filed Jan 19, 1926 L. L. Carpenter Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 17th, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1926, to Jan 17, 1926, that I last saw her alive on Jan 16, 1926, and that death occurred on the date stated above at 11 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endo-
carditis
(Duration) 1 yrs. 4 mos. ds.

Contributory (Secondary) Senility
(Duration) yrs. mos. ds.

(Signed) R. Schreder M. D.
Jan 18, 1926 (Address) Owensboro, Ky.

*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 W. H. Brown DATE OF BURIAL Jan 19, 1926

20 UNDERTAKER W. H. Brown ADDRESS Owensboro

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
A. 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.