

1 PLACE OF DEATH

County MadisonVot. Prec. C House

Incl. Town _____

City _____

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1093Primary Registration District No. 6830

(No. _____ St. _____ Ward)

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

2 FULL NAME Robeson Anne Wells

(a) Residence. No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

4 COLOR OR RACE

5 Single
Married
Widowed
Widow
or Divorced
(Write the word)FemaleWhite

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Lonnel Wells

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

84 yrs. 1 mos. 19 ds.IF LESS than 1
day _____ hrs
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work. None(b) General nature of industry,
business or establishment in
which employed (or employer)

9 BIRTHPLACE (city or town)

(State or country)

Madison County

PARENTS

10 NAME OF
FATHER

11 BIRTHPLACE

OF FATHER (city or town) Madison

(State or country)

12 MAIDEN NAME
OF MOTHERUnknown

13 BIRTHPLACE

OF MOTHER (city or town) Unknown

(State or country)

14

(Informant) Joseph J. Lile(Address) White Plains, Ky. R.F.D. #2

15

Filed 2/2/29 19C. B. Wickliffe,By M. Wells.

Registrar

3923

File No. _____

Registered No. _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 31, 1929, 19____
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from January 25, 1929, to January 25, 1929,
that I last saw her alive on January 25, 1929,
and that death occurred on the date stated above at 5.30 P.
The CAUSE OF DEATH* was as follows:Influenza(Duration) _____ yrs. _____ mos. 6 ds.Contributory Her Age
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Henry Y. Stator, M. D.Jan 27, 1929. (Address) Greenville, Ky.*State the Disease Causing Death, or, in deaths from Violent
Causes, state (1) Means and nature of Injury; and (2) whether
Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Garvey Grave Yard2/2, 1929, 19____

20 UNDERTAKER:

Green & Cook

ADDRESS

Greenville, Ky.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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