

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

File No. _____

Registered No. 991 PLACE OF DEATH
County Muhlenberg

Vot. Pat. _____

Registration District No. 1087Inc. Town MercerPrimary Registration District No. 2435City Central City

(No. _____ St., _____ Ward)

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

2 FULL NAME Sarah 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 M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word)6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Feb 16 - 1854

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 80 Months 7 Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ky.
(State or country)13. NAME John Sedera14. BIRTHPLACE (city or town) New York
(State or country)15. MAIDEN NAME Ann Rager16. BIRTHPLACE (city or town) Ky.
(State or country)17. INFORMANT Will Glushko
(Address) Mercer Ky.18. BURIAL, CREMATION, OR REMOVAL
Place St. Louis Cemetery Date Sept 12, 193419. UNDERTAKER J. B. Buckner
(Address) Bremen Ky.20. FILED 9/17-, 1934 A. L. Blakely
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 16, 193422. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1934 to Sept 16, 1934I last saw him alive on Sept 15, 1934, death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cholera

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____Where did injury occur? _____
(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? _____ If so, specify _____

(Signed) W. H. Long, M. D.(Address) Greenwood, Ky.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. It 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.