

20683

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 73

1. PLACE OF DEATH

County Muhlenberg

Vet. Post Greenville Ky

Ine. Town _____

City _____

Registration District No. 1093

Primary Registration District No. 2436

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

2. FULL NAME Shelby Thomas 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)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH Sept 3 1907

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
27 11 8

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, sawmill, bank, etc. Farming

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE Muhlenberg Co Ky.

FATHER 13. NAME Walter Wells

14. BIRTHPLACE Ky.

MOTHER 15. MAIDEN NAME Oma. Duker

16. BIRTHPLACE Ky.

17. INFORMANT Walter Wells
(Address) Greenville Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Greenview 8/26, 1935

19. UNDERTAKER Chenick Funeral Home
(Address) Greenville Ky

20. FILED 8-26 1935 R. B. Coughlin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 25 1935

22. I HEREBY CERTIFY, that I attended deceased from _____ 19____ to _____ 19____

I last saw h. alive on _____ 19____ death is said to have occurred on the date stated above, at 6:30 p. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Homicide 173
Shot with Pistol
in heart & Breast

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? at home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury shot through head

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Reverie Tinsman

(Address) Central City Ky.

MARGIN RESERVED FOR BINDING
UNFADING INK—This IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.
N. B. WRITE PLAINLY, WITH UNFADING INK—This IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.