

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **3551**

1 PLACE OF DEATH
County **Muhlenberg**
Regist. District No. **8**
City **Benton**
Primary Registration District No. **7128**
City (No. St., Ward)
2 FULL NAME **Willie May Wells**

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **Colored** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **single**
(Write the word)

6 DATE OF BIRTH **Jan. 21, 1919**
(Month) (Day) (Year)

7 AGE **3 yrs. 3 mos. 18 ds.** IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) **Yost Ky.**

10 NAME OF FATHER **Will Wells**

11 BIRTHPLACE OF FATHER (State or country) **Yost Ky.**

12 MAIDEN NAME OF MOTHER **Mrs. Sallou**

13 BIRTHPLACE OF MOTHER (State or country) **Dummore Ky.**

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Jan 21st 1919**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Jan 10, 1919**, to **Jan 21st, 1919**, that I last saw her alive on **Jan 21st 1919** and that death occurred on the date stated above at **11:00 a.m.** The CAUSE OF DEATH* was as follows:

Emphysema with Asthmatic Paroxysms

(Duration) **10 yrs. 10 mos.**
Contributory **afflicted from Birth**
(SECONDARY) **Jan 7th 1909** (Duration) **10 yrs. 10 mos. 14 ds.**
(Signed) **A. D. Waters, M. D.**
Jan 21, 1919 (Address) **Yost 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, TRANSPORTS OR RECENT RESIDENTS)

At place of death **10 yrs. 10 mos. 14 ds.** In the State **10 yrs. 10 mos. 14 ds.**

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS
Hallas Rector Dummore Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Will Wells**
(Address) **Yost Ky.**

15 Filed **Feb 9, 1919** **H. B. Rowley, REGISTRAR**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. 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 understood. Exact statement of OCCUPATION is very important. See instructions on back of certificate.