

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1989

File No.

Registered No.

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

County Morehead
City (No. St. Ward)Registrar District No. 7128
Primary Registration District No.

City (No. St. Ward)

1 FULL NAME W. J. Wells

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 11 4 1921
(Month) (Day) (Year)

7 AGE 83 yrs. 0 mos. 0 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION
(a) Trade, profession or particular kind of work No occupation
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER W. C. Wells

11 BIRTHPLACE OF FATHER (State or country) S. Car.

12 MAIDEN NAME OF MOTHER Polly Decker

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Wells
(Address) Conrad, Ky.

15 Filed 1/20 1921 Hollie B. Sewley
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 14 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1/9, 1921, to 1/19, 1921, that I last saw him alive on 1/19, 1921, and that death occurred on the date stated above at m.

The CAUSE OF DEATH* was as follows:

La Grippe
(Duration) yrs. mos. 14 ds.

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

(Signed) G. M. Sewley, M. D.
1/15, 1921. (Address) Conrad, Ky.

*State the Disease Causing Death, or, in death from Violent Causes state (1) Manner of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place 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 Hazel Creek DATE OF BURIAL 1/15, 1921

20 UNDERTAKER Louis Stuart ADDRESS Beech Creek

SEARCHED PRESERVED FOR INDEXING

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 classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.