

21045

State File No. 3  
Registrar's No. 235

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

Registration District No. 1086 Primary Registration District No. 7471

1. PLACE OF DEATH:  
(a) County Madison  
(b) City or town Beach Creek  
(c) Name of hospital or institution:  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Ky (b) County Madison  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write RURAL)  
(d) Street No. Beach Creek  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ year

3(a) FULL NAME Bud L. Wester

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
Name war WW

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Mary Wester  
6(c) Age of husband or wife if alive 45 Years

7. Birth date of deceased Dec-11-1857  
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 16  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boothe Co Ky

10. Usual occupation Retired

11. Industry or business Retired

FATHER { 12. Name Born Wester  
13. Birthplace Boothe Co Ky

MOTHER { 14. Maiden name Mary Woodard  
15. Birthplace Boothe Co Ky

16(a) Informant's own signature Irvin Wester

(b) Address Beach Creek Spout

17. BURIAL, CREMATION, OR REMOVAL  
Rest Home Date 9/28 1944

18(a) Signature of funeral director Drakeboro

(b) Address Drakeboro

19(a) 9-28-44 (Date received by local registrar)

(b) Therese Hede (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH Sept 27 1944  
21. I hereby certify that I attended the deceased from Sept 26 1944  
to Sept 27 1944, that I last saw him alive on Sept 26 1944, and that death occurred on the date stated above at \_\_\_\_\_ M.

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
Cerebral Hemorrhage 2 days  
Due to General Arteriosclerosis with hypertension  
Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations ✓ 83A-17  
Of autopsy ✓

22. If death was due to external causes, fill in the following: ✓  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature James M. D. (M. D. or other)  
Address Morehead, Ky Date signed 9/28/44

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.