

12020

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

File No.

1 PLACE OF DEATH
County Muhlenberg

Vet. Pat. Registration Distr. No. 71027094

Registered No. 31

Inc. Town Bevier 1st Primary Registration District No.

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

City (No. St. Ward)

2 FULL NAME Ethel W. Wengely

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH
4 24 1923
(Month) (Day) (Year)

6 DATE OF BIRTH May 12 1883
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from 4-12-1923, to 4-24-1923,
that I last saw her alive on 4-24-1923,
and that death occurred on the date stated above at 4 P m.

7 AGE 29 yrs. 11 mos. 17 ds.
IF LESS than 1 day hrs. or min?

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs
(Duration) 8 yrs. mos. ds.

8 OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

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

9 BIRTHPLACE (State or country) Kentucky

(Signed) E. D. Wagner, M. D.
617, 1923 (Address) Bevier

10 NAME OF FATHER Robert Emory

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Marion Keight

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

*State the Disease Causing Death, or, in deaths from violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place of death yrs. mos. ds. In the State yrs. mos. d.
Where was disease contracted,
If not at place of death?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ethel W. Wengely
(Address) Bevier 1st

Former or usual residence

15

19 PLACE OF BURIAL OR REMOVAL Wesley 1st DATE OF BURIAL 4-21-1923

Filed 4-25, 1923 W. H. ... Registrar

20 UNDERTAKER J. L. ... ADDRESS Bevier

MARGIN RESERVED 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.