

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

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

State File No. _____
Registrar's No. 53

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg

(b) City or town Central City

(c) Name of hospital or institution: 313 North First St
(If outside city or town limits, write RURAL)

(d) Length of stay: In hospital or community 2 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg

(c) City or town Central City
(If outside city or town limits, write RURAL)

(d) Street No. 513 N. First St.
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Bess J. Wimbley

3(b) If veteran, _____ 3(c) Social Security No. _____

Name war _____ No. _____

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

6(b) Name of husband or wife Conelia Wimbley

6(c) Age of husband or wife if alive 57 years

7. Birth date of deceased 11 14 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Christian County, Ky.

10. Usual occupation Coral Miner

11. Industry or business _____

FATHER { 12. Name Thomas Wimbley

13. Birthplace Tenn.

MOTHER { 14. Maiden name Lucy Yates

15. Birthplace Tenn.

16(a) Informant's own signature Conelia Wimbley

(b) Address Central City

17. BURIAL, CREMATION, OR REMOVAL
Place Mastwick Ky Date 2-25 1944

18(a) Signature of funeral director Eugene S. Elliott

(b) Address Greenwell Ky.

19(a) 3-3-44 (Date received by local registrar)

(b) Jane P. Lovell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1944

21. I hereby certify that I attended the deceased from Feb 19 1944 to Feb 21 1944 that I last saw him alive on Feb 20 1944 and that death occurred on the date stated above at 9 30 P.M.

Immediate cause of death _____ DURATION _____

Acute bronchitis (heart) 80 to 90
days

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations 93 P

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 J. P. [unclear] (M. D. or other)

Address Central City Date signed 3-1-44

one
8066
11-25-47

MARGIN RESERVED FOR BINDING

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.