

Waller

Form V. S. 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. 258

Registration District No. 1085

Primary Registration District No. 2435

**23158**

1. PLACE OF DEATH:

(a) County Muhlenberg

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

(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 AT DECEASED:

(a) State Mo

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

(d) Street No. \_\_\_\_\_  
(If rural give precinct)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME Bessie Belle Weine

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_

Name Female White No. 1010101010

5. Married 6(a) Married Divorced

6(b) Name of husband or wife Richard Weine

6(c) Age of husband or wife if alive 60

7. Birth date of deceased May 29 - 1888  
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

20. DATE OF DEATH Oct 26 1943

21. I hereby certify that I attended the deceased from Jan 1 1943 to Oct 26 1943, that I last saw him alive on Oct 15 1943, and that death occurred on the date stated above at 9 P. M.

Immediate cause of death apoplexy

Due to Hypertension

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Muhlenberg Co., Ky

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER { 12. Name James Foster Tate  
13. Birthplace Muhlenberg Co., Ky

MOTHER { 14. Maiden name Mary Jane Durham  
15. Birthplace McClain Co., Ky

16(a) Informant's own signature Mrs. Maudie Weine  
(b) Address Burnside, Ky Route 3

17. BURIAL, CREMATION OR REMOVAL Friendship Date Oct 29 1943

18(a) Signature of funeral director W. W. ...  
(b) Address Central City, Ky

19(a) Oct 29, 1943 (Date received by local registrar)  
Anna ... (Registrar's signature)

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. Waller M. D. or other \_\_\_\_\_  
Address Central City, Ky Date signed Oct 30 - 43

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.