

M. F. Finley

13764

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. 114

Registration District No. 730 Primary Registration District No. 2265-

1. PLACE OF DEATH:  
(a) County Hopkins  
(b) City or town Madisonville, Ky  
(If outside city or town limits, write RURAL.)  
(c) Name of hospital or institution:  
204 East Hall Ave.  
(If not in hospital or institution write street number of location)  
(d) Length of stay: In hospital or community 2 mo  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County Hopkins  
(c) City or town Madisonville, Ky  
(If outside city or town limits write RURAL.)  
(d) Street No. 2  
(If rural give precinct)  
(e) If foreign born, how long in \_\_\_\_\_ years

3(a) FULL NAME Ollie Francis Wines

**DELAY**

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

4. Female 5. Color or race white 6(a) Single, widowed; married, divorced married

6(b) Name of husband or wife Thomas Hardie Wines

6(c) Age of husband or wife if alive 74 Years

7. Birth date of deceased July, 14, 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Muhlenberg Co., Kentucky

10. Usual occupation housewife

11. Industry or business ✓

FATHER { 12. Name Lemuel Carver

13. Birthplace Warren Co., Kentucky

MOTHER { 14. Maiden name Ollie Travis

15. Birthplace Muhlenberg Co., Kentucky

16(a) Informant's own signature Mr. Alex Wines

(b) Address #15 Hopkinton St., Greenville, Ky

17. BURIAL, CREMATION, OR REMOVAL  
Place Greenwood Cem. Date May 14, 1944  
near Greenville, Barren General Hosp.

18(a) Signature of funeral director \_\_\_\_\_  
(b) Address Madisonville, Ky

19(a) 6-17-44 (Date received by local registrar) (b) M. F. Finley (Registrar's signature)

20. DATE OF DEATH May 13, 1944

21. I hereby certify that I attended the deceased from April 19, 44 to May 13, 1944 that I last saw h. alive on May 12, 1944 and that death occurred on the date stated above at 1:55AM.

Immediate cause of death Chronic Coronary Thrombosis DURATION: 2 1/2 yrs.

Due to \_\_\_\_\_

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

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

Of operations 131A

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 M. F. Finley (M. D. or other)

Madisonville Date signed May 13, 44

MARGIN RESERVED FOR BINDING

A. 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.