

Commonwealth of Kentucky  
STATE DEPT. OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. Cleator Ky

Ino. Town Cleator Ky

City Cleator Ky (No. 14)

Registration District No. 7135

Primary Registration District No. .....

File No. 41043

Registered No. 80

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

2 FULL NAME Nelle Belle Mayes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) .....

6 DATE OF BIRTH Wed 9 4 1917  
(Month) (Day) (Year)

7 AGE 10 yrs. 13 mos. 13 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER John Allen Mayes

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Hettie Cassell

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. A. Mayes (Address) Cleator Ky

15 Filed 11-6-1918 W. H. Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Wed 5 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1918, to Wed 5, 1918, that I last saw him alive on Wed 5, 1918, and that death occurred on the date stated above at 10 p.m. The CAUSE OF DEATH\* was as follows:

Acute Gastritis  
(Duration) ..... yrs. ..... mos. ..... ds.

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

(Signed) E. D. Wilson, M. D. Wed 5, 1918 (Address) Cleator

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES 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. ..... ds.

Where was disease contracted, if not at place of death? ..... Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Wickliffe Ky DATE OF BURIAL Nov 6, 1918

20 UNDERTAKER J. L. Thomas ADDRESS J. L. Thomas Cleator

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. Instructions on back of certificate.