

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

19197

File No.

Registered No. 51

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

1 PLACE OF DEATH

County

Morehead

Vot. Pct.

Registration District No. 1087

Inc. Town

Central City

Primary Registration District No. 2435

City

(No. St. Ward)

2 FULL NAME

William Wells

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single

Single

6 DATE OF BIRTH

7-16-24

7 AGE

24 yrs. mos. da.

IF LESS than 1 day hrs. or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work.

Accountant

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Morehead Co

PARENTS

10 NAME OF FATHER

Evans Wells

11 BIRTHPLACE OF FATHER (State or country)

Morehead Co

12 MAIDEN NAME OF MOTHER

Esther Eubank

13 BIRTHPLACE OF MOTHER (State or country)

Morehead Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Father

(Address)

15

Filed

*9/2 1924**A. L. Blanford*

Registered

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

8-5-1924

17

I HEREBY CERTIFY, That I attended deceased

from, 192...., to, 192....,

that I last saw h..... alive on, 192....,

and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH* was as follows:

Quarantine

(Duration) yrs. mos. da.

Contributory (Secondary)

cutaneous Jaundice

(Duration) yrs. mos. da.

(Signed) *A. G. Alters, M.D.**Aug 9, 1924* (Address) *Central City*

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

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place of death.....yrs.....mos.....da. State.....yrs.....mos.....da

Where was disease contracted,

if not at place of death?.....

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Jago**Aug 9, 1924*

FUNERAL HOME

ADDRESS

Moore and Co Central City

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR INDEXING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.