

Registration District No. **1085** Primary Registration District No. **2436**

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg		
b. CITY (If outside corporate limits, write RURAL and give township) Greenville		c. LENGTH OF STAY (in this place) 11	c. CITY OR TOWN Central City, Ky.		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhlenberg Comm. Hospital			d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) John William Wells			4. DATE OF DEATH Oct. 26, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 10, 1875	9. AGE (In years last birthday) 81	If Under 1 Year: Months Days If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY 00	11. BIRTHPLACE (State or foreign country) McLean Co. Ky		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph William Wells			14. MOTHER'S MAIDEN NAME Melvina Sandefur		
15. WAS DECEASED (Yes, no, or unknown)	16. EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Gertie Wells		

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 10 days
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b) Generalized Arteriosclerosis	10 years
			DUE TO (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 332-070-14			
20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)	
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION		COUNTY STATE

22. I hereby certify that I attended the deceased from **10-22-1956** to **10-26-1956**, that I last saw the deceased alive on **10-26-1956**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. DATE SIGNED 11-2-56	23b. ADDRESS Central City, Ky.	23c. SIGNATURE Thomas Kirby M.D.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 28, 1956	24c. NAME OF CEMETERY OR INTERMENT PLACE Poplar Grove
24d. LOCATION (City, town, or county) McLean Co. Ky.		24e. STATE Ky.
25a. DATE REC'D BY LOCAL REG. 11-7-56	25b. REGISTRAR'S SIGNATURE Marjorie Hodge	25c. FUNERAL DIRECTOR Tucker Funeral Home Central City, Ky.