

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Mullensburg

Vot. Pot. Count. H. H. H.

Ino. Town

City Germantown

2 FULL NAME Freddie Wells

Registration District No. 9-11

Primary Registration District No. 7130

St., Ward

File No.

Registered No. 5416

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan. 20, 1842
(Month) (Day) (Year)

7 AGE 75 yrs. 0 mos. 13 ds.
IF LESS than I 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) Home Keeping

9 BIRTHPLACE (State or country) Mullensburg

PARENTS

10 NAME OF FATHER D. H. W.

11 BIRTHPLACE OF FATHER (State or country) Mary Wickliff

12 MAIDEN NAME OF MOTHER D. H.

13 BIRTHPLACE OF MOTHER (State or country) D. H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Will Repolter
(Address) Germantown Ky

15 Filed Feb 6, 1918
J. E. Wickliff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 2, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1918, to Jan 31, 1918, that I last saw him alive on Jan 31, 1918, and that death occurred on the date stated above at 9 a.m. The CAUSE OF DEATH* was as follows:
Grippe and old age

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

(Signed) J. E. Grace, M. D.
Feb 6, 1918 (Address) Halcyon Hill Ky

*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 West End Ky DATE OF BURIAL 2-25, 1918

20 UNDERTAKER Gen E George ADDRESS Germantown

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully and correctly stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly understood. Exact statement of OCCUPATION is very important. See instructions on back of certificate.