

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

14951

1 PLACE OF DEATH

County Bourbon

Vol. North Middletown Registration District No. 93

Inc. Town North Middletown Primary Registration District No. 2041

City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 44
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Grace Wells

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 BE CAREFUL TO STATE EXACTLY, PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN LANGUAGE SO THAT IT MAY BE PROPERLY CLASSIFIED. E.C. STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIAGE STATUS Married
(Single, Married, Widowed, or Divorced. Write the word.)

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 22 yrs. _____ mos. _____ ds. (If less than 1 day, give hrs. or min.)

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

9 BIRTHPLACE (State or country) Kentucky

PARENTS
 10 NAME OF FATHER R. B. Wells
 11 BIRTHPLACE OF FATHER (State or country) Kentucky
 12 MAIDEN NAME OF MOTHER Effie Day
 13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) R. B. Wells
 (Address) Salt Lick, Ky.

15 FILED 7/2 1923 D. R. Sumner Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 19 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 192, to _____, 192, that I last saw h. _____, 192, and that death occurred on the date stated above at _____ m.

18 THE CAUSE OF DEATH* was as follows:
Fractured Skull - Automobile Accident
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Rudolph Day - Doctor
May 20 1923 (Address) Paris, Ky.

*While the Disease Causing Death, or, in deaths from Violent Cause state the Mode of Injury, and (2) whether Accidental, Suicidal or Homicidal.

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____ at place _____ in the _____ of death yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted? _____ if not at place of death? Former or usual residence _____

20 PLACE OF BURIAL OR REMOVAL Private Cemetery DATE OF BURIAL 5/21/23

21 UNDERTAKER Eastin & Harris ADDRESS Mt. Sterling Ky.