

Registration District No. 1070 Primary Registration District 2401

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
 (a) County MONTGOMERY
 (b) City or town MT. STERLING, Ky.
 (c) Name of hospital or institution: Mary Child Hospital
 (d) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State KY (b) County BATH
 (c) City or town SALT LICK
 (d) Street No. _____ (e) If foreign born, how long in U. S. A. 006 years

3(a) FULL NAME WESLEY ALFREY
 (b) If veteran, _____ (c) Social Security No. _____

4. Sex MALE **5. Color or race** WHITE **6(a) Single, widowed, married, divorced** MARRIED

7(b) Name of husband or wife Jessie Hagerman Alfrej
7(c) Age of husband or wife if alive 79 years
7. Birth date of deceased: Nov. 30 1862
 (Month) (Day) (Year)

8. AGE: 80 years 10 months 14 days (if less than one day, in min.)

9. Birthplace Rowan County, Kentucky
10. Usual occupation MERCHANT
11. Industry or business _____

FATHER
12. Name Wash Alfrej
13. Birthplace Kentucky (Rowan Co.)

MOTHER
14. Maiden name Julia Ann Ramsey
15. Birthplace Kentucky

16(a) Informant's own signature Albert Alfrej
(b) Address Salt Lick, Ky.

17. BURIAL, CREMATION, OR REMOVAL
 Place SEARS CEM. Date OCT 15 1943

18(a) Signature of funeral director Benn & Hagerman
(b) Address SALT LICK, KY

19(a) Date received by local registrar Oct. 15, 1943 **(b) Registrar's signature** Wm. B. D. Smith

20. MEDICAL CERTIFICATION
20. DATE OF DEATH OCT 14 1943
21. I hereby certify that I attended the deceased from Oct 2 1943
Oct 14 1943, that I last saw him/her on Oct 14 1943, and that death occurred on the date stated above at 12:15 P. M.
 Immediate cause of death: Cancer of prostate
 Due to _____
 Other conditions: _____ (include pregnancy within 3 months of death)
 Major findings:
 Of operations: none - 510
 Of autopsy: _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? In or about home, on farm, in industrial place in public place? _____ (Specify type of place)
 While at work? _____ (d) Means of injury _____

23. Signature W. B. D. Smith (d) other _____
 Date signed 10-20-43

Oct 15-43