

18802

Form V. 8. 1-A-80a-1-1-81
PLACE OF DEATH
 County Boone
 Precinct Salt Lick
 Registration District No. 5-2
 Primary Registration District No. 4085-

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

File No. _____
 Registered No. _____

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

1 FULL NAME Henry Wages
 (a) Residence No. _____ St. _____ Ward _____
 (State place or abode)
 Length of residence in this place when death occurred _____ yrs. _____ mos. _____ ds. Residing in U.S. If foreign state? _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>
6a. If married, HUSBAND or WIFE of <u>Maime Wages</u>		
7. AGE	8. Grade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc.	
Year <u>34</u> Months <u>5</u> Days <u>13</u>	<u>Mother & Carriage</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at 11. Total time (years) spent in this occupation. <u>3 yrs.</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>		
13. NAME <u>Hayd Wages</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>		
15. MAIDEN NAME <u>Rachel Bailey</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u>		
17. INFORMANT <u>Mr. Floyd Wages</u> (Address) <u>Salt Lick, Ky</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Gene's Cem</u> Date <u>Aug 6</u> 19 <u>34</u>		
19. UNDERTAKER <u>Barney Waldeman</u> (Address) <u>Salt Lick, Ky</u>		
20. FILED <u>5-6</u> 19 <u>34</u> <u>W. R. Adams</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-5-34
 22. I HEREBY CERTIFY, That I attended deceased from _____ to _____
 I last saw him alive on Aug 2, 1934 Death is said to have been due to _____
 in order of most remote cause and related cause of impotence to order of least remote cause as follows:
Tumor of Brain 1 year exact

Contributory causes of impotence not related to principal cause: _____

Name of operation Brain Date of 4-12-34
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____
 (Specify city or town, county, and STATE)
 Specify whether injury occurred in industry, in home, or in public place.

Nature of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 (Signed) W. R. Adams M. D.
 (Address) Wagoners Hwy

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY. WITH INK—THIS IS A PERMANENT RECORD.
 Should be carefully examined and should be signed EXACTLY AS PHYSICIAN AND CAUSE OF DEATH IS
 given herein, so that it may be properly classified. Exact manner of OCCUPATION is very important. See Instructions on back of certificate.