

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registration No. 95

Registration District No. 50 Primary Registration District No. 2027

1. PLACE OF DEATH:
(a) County Bath Co. Ky
(b) City or town Rural
(c) Name of hospital or institution
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Bath Co.
(c) City or town Rural, Saltlick
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years

3. (a) FULL NAME Clemmie Lillian Wages
(b) If veteran, _____ (c) Social Security No. _____

20. DATE OF DEATH Nov. 10 1944

4. Sex Female Color W. (a) Single, married, divorced
(b) Name of husband or wife Floyd Wages
(c) Age of husband or wife if alive 71 years

21. I hereby certify that I attended the deceased from 11-4 1944 that I last saw him/her alive on 11-9 1944 and that death occurred on the date stated above at 3 P.M.

5. AGE: Years 39 Months 7 Days 12 If less than one day _____ min.

Immediate cause of death Lobar pneumonia DURATION _____

6. Birthplace Kowan Co. Ky
7. Usual occupation House Wife
8. Industry or business _____

Due to Preseptal Infection

FATHER: (1) Name William Moore
(2) Birthplace Kowan Co.
MOTHER: (4) Maiden name Mary DeBorde
(5) Birthplace Morgan Co.

Other conditions (Include pregnancy within 3 months of death) _____

10. (a) Informant's own signature Floyd Wages
(b) Address Salt Lick Ky

Major findings:
Of operations _____
Of autopsy _____

17. BURIAL, CREMATION, OR REMOVAL
Place Jones Cemetery Date 11-12 1944

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

18. (a) Signature of funeral director Burke W. ...
(b) Address Salt Lick Ky
(c) Date received by local registrar Nov 15 1944 (d) Registrar's signature Miss Pearl ...

(c) Where did injury occur? In or about home, on farm, in industrial place
in public place? _____ (Specify type of place)

While at work? _____
Signature D. C. ... (M. D. or other)
Address Oningsville Date signed 11/11/44

MARGIN RESERVED FOR BINDING.
N. B.—WRITE PLAINLY WITH INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.