

Registration District No. **50** Precinct Registration District No. **4081**

1. PLACE OF DEATH:
(1a) County **BATH**
(1b) City or town **SALT LICK**
(1c) Name of hospital or institution _____
(1d) Length of stay in hospital or community _____

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

3. FULL NAME **GUELA-WIGHTMAN**
(3a) If widow, _____ (3b) Social Security No. _____

4. **ZPMRAF** (4a) Name of husband or wife **JOE-WIGHTMAN**
(4b) Age of husband or wife if alive **70**
(4c) Date of death _____

5. AGE: Year **64** Month **11** Day **53**

6. Occupation **KY**
7. Usual occupation **HOUSEWIFE**
8. Industry or business _____

9. Name **CURN SANDERS**
10. Occupation **KY**

11. Name **JERAM BOYD**
12. Occupation **KY**

13. Informant's name **CPH Reynolds**
(13a) Address **SALT LICK**

14. SOCIAL CREMATION OR REMOVAL
From **Jones Co** on **July 6 1943**

15. Signature of Medical Director **Blair & Hensman**
(15a) Name **Salt Lick KY**
(15b) Date **July 10 1943**

16. DATE OF DEATH **JULY 2 1943**
17. I declare solemnly that I attended the deceased from **July 1 1943** to **July 2 1943** and that death occurred on the date and place above stated.

18. Usual place of death **Chester Springs**
19. Cause of death _____
20. Other conditions _____

21. If death was due to external causes, fill in the following:
(21a) Accident, vehicle, or homicide (specify) _____
(21b) Date of occurrence _____
(21c) Where did injury occur? _____

(21d) Name of physician _____
(21e) Date signed **7/2/43**

(21f) Name of signer **H. C. Watkins M.D.**
(21g) Date signed **7/2/43**
D. N. NICOLL

MARGIN RESERVED FOR RECORDING
P. 8.-WRITE PLAINLY WITH INK. THIS IS A PERMANENT RECORD. It should be carefully completed. ALICE 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.