

COMMONWEALTH OF KENTUCKY
 DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

No. **53 114-2057**
 District No. **1**

Registration District No. **1318** County Numbered District No. **2705**

1. PLACE OF DEATH A. TOWN Morehead		E. USUAL RESIDENCE A. TOWN Ky B. COUNTY Benton	
2. SEX A. MALE Female		D. RACE Morehead	
3. NAME OF DECEASED A. FIRST NAME Bessie B. MIDDLE NAME White C. LAST NAME Wright		F. DATE OF BIRTH A. YEAR 1913 B. MONTH 7 C. DAY 27	
4. OCCUPATION Creed Farm		G. MARITAL STATUS A. SINGLE Married B. WIDOWED C. DIVORCED D. SEPARATED	
5. PLACE OF BIRTH A. STATE Mo B. COUNTY Benton		H. EDUCATION A. GRADE 8 B. SCHOOL Morehead	
6. CAUSE OF DEATH A. DISEASE Heart Disease B. INJURY Stroke		I. SIGNATURE OF PHYSICIAN James H. ...	
7. SIGNATURE OF REGISTRAR ...		8. SIGNATURE OF DECEASED ...	
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BESSIE WHITE WRIGHT
 MOREHEAD, KY
 JAMES H. ...
 MOREHEAD, KY