

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25280

1 PLACE OF DEATH
County Marshall
Vot. Pct. # 32
Inc. Town Dawkinsburg
City 2722

Registration District No. 1089
Primary Registration District No. 4822.0
No. _____ St. _____ Ward: _____

File No. _____
Registered No. 43
(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

2 FULL NAME Willie Blacklock

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Col 4 COLOR OR RACE Col 5 MARRIAGE W
French W W
6 DATE OF BIRTH Dec 26 1870
7 AGE 32 yrs. 11 mos. 11 ds. IF LESS than 1 day ... hrs. or ... min.?

8 DATE OF DEATH November 6 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 30 1922, to Nov 6 1922, that I last saw her alive on Nov 6 1922, and that death occurred on the date stated above at 6 A.M. The CAUSE OF DEATH* was as follows: Cancer of Liver

8 OCCUPATION (a) Trade, profession, or particular kind of work. House Keeper
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Edinburgh Scotland

(Duration) ... yrs. 6 mos. ... ds.

10 NAME OF FATHER I don't know

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

11 BIRTHPLACE OF FATHER (State or country) dont know

(Signed) J. D. Curdick, M. D. 11-11-22, 1922 (Address) Dawkinsburg Ky

12 MAIDEN NAME OF MOTHER Ann Sutton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) Todd Co.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

(Informant) J. H. Morris
(Address) 1 Drakeboro Ky

Where was disease contracted, if not at place of death? Former or usual residence

15 Filed 11/16 1922 Registrar J. H. Morris

19 PLACE OF BURIAL OR REMOVAL Smiths DATE OF BURIAL 11-7-22

20 UNDERTAKER J. H. Morris ADDRESS Drakeboro Ky

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state clearly and in plain terms, the fact that it may be properly filed. Exact statement of OCCUPATION to very important. See instructions on back of certificate.