

29320

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 193

1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. 34

Inc. Town Cleaton

Registration District No. 1094

Primary Registration District No. 6842

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME James Wickliffe

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE col 5. Single, Married, Widowed' or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lou Wickliffe

6. DATE OF BIRTH Sep 10 1863

7. AGE Years 72 Months 2 Days _____ If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Coal mines

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Muhlenberg Ky

FATHER 13. NAME Alney Wickliffe 14. BIRTHPLACE Ky.

MOTHER 15. MAIDEN NAME Laura Hayden 16. BIRTHPLACE Ok.

17. INFORMANT Lou Wickliffe
(Address) Cleaton Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Cleaton Date Nov 11 1937

19. UNDERTAKER Louis S. Gilbert
(Address) Russville Ky.

20. FILED Nov 11 1937 Valerie Tharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 9 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____ death is said to have occurred on the date stated above, at 1045 St.
The principal cause of death and related causes of importance in order of onset were as follows:

apoplexy Date of onset _____

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of _____
deceased? _____ If so, specify _____

Louise Bryner, M. D.
(Address) Central City Ky

MARGIN RESERVED FOR PRINTING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE 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. See instructions on back of certificate.