

1 PLACE OF DEATH

County Ohio

Vol. No. Rockport 7208

Inc. Town

City

(No. 903)
7208

St. _____ Ward _____

File No. 4723

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David J. Wilcox

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIED, WIDOWED, OR SEPARATED (Write the word) Married

6 DATE OF BIRTH June 17, 1894
(Month) (Day) (Year)

7 AGE 26 yrs. 8 mos. 25 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenburg Co. Ky

10 NAME OF FATHER Altauer Wilcox

11 BIRTHPLACE OF FATHER (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Susan J. ...

13 BIRTHPLACE OF MOTHER (State or country) Muhlenburg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eva Williams

(Address) Rockport Ky

15 Filed Feb. 17, 1911 John T. Jackson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 15, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1911, to Feb 15, 1911,

that I last saw him alive on Feb 1, 1911,

and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Softening of Brain

(Duration) 1 yrs. 1 mos. 14 ds.

Contributory Softening of Brain

(Secondary) Insanitation (Duration) 1 yrs. 1 mos. 14 ds.

(Signed) Frank B. Lett, M. D.

Feb 15, 1911. (Address) Rockport Ky

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

(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

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

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Rockport Ky DATE OF BURIAL Feb 15, 1911

20 UNDERTAKER J. C. Williams ADDRESS

MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. B.—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.