

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

1 PLACE OF DEATH
 County Mitchell
 Vol. No. 112 Registration District No. 27122
 Ino. Town Bremen Primary Registration District No.
 City (No. St., Ward)

File No. 14689
 Registered No. 12

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

2 FULL NAME Jacob Wilcox

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov 10, 1851
 (Month) (Day) (Year)

7 AGE 67 yrs. 5 mos. 4 ds. IF LESS than 1 day ... hrs. or ... min.?

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 14, 1919
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended, deceased from Feb 5, 1919, to Mar 26, 1919, that I last saw him alive on Mar 26, 1919, and that death occurred on the date stated above at 2 P.M. The CAUSE OF DEATH* was as follows:
Carcinoma of Bowels

(Duration) ... yrs. ... mos. ... ds.
 Contributory (SECONDARY) ... (Duration) ... yrs. 6 mos. ... ds.
 (Signed) J. C. Woodburn, M. D.
 (Address) Musland, Ky, 191... (Address)

*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. State ... yrs. ... mos. ... ds.
 In the State ... yrs. ... mos. ... ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence

9 BIRTHPLACE (State or country) Ky

PARENTS
 10 NAME OF FATHER Nesby Wilcox
 11 BIRTHPLACE OF FATHER (State or country) Ky
 12 MAIDEN NAME OF MOTHER Nancy Wilcox
 13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. Woodburn
 (Address) W. S. Miller

15 File No. 30, 1919 W. C. Gandy REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Brian Creek DATE OF BURIAL 2/8, 1919
 20 UNDERTAKER James P. Tucker ADDRESS Bremen, Ky

B. B. - Every item of information should be carefully supplied. AGE should be stated. Exact statement of OCCUPATION is very important. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Instructions on back of certificate.