

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

✓ 9031

File No. _____

Registered No. 6

1. PLACE OF DEATH

County MuhlenbergVet. Pet. Milport

Inc. Town _____

Registration District No. 1086Primary Registration District No. 6813

City _____

(No. _____)

St. _____

Ward _____

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

2. FULL NAME Magnolia Wilcox

(a) Residence. No. _____

(Usual place of abode)

St., _____ Ward _____

(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 M4. COLOR OR RACE W5. Single, Married, Widowed
or Divorced (write the word)
Married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Oct 20 1875

6. DATE OF BIRTH

7. AGE

Years

Months

Days

If LESS than
1 day hrs.
or min.61415

OCCUPATION

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.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationHouse Work12. BIRTHPLACE 1913. NAME Thomas Stevine14. BIRTHPLACE 1915. MAIDEN NAME Fannie Altick16. BIRTHPLACE 1917. INFORMANT Tom Wilcox(Address) Bremen 19

18. BURIAL, CREMATION, OR REMOVAL

Place Burn CreekDate 3-5

1937

19. UNDERTAKER J. B. Tucker(Address) Bremen 1920. FILED Apr. 5

1937

Dollie Robertson

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3-4, 193722. I HEREBY CERTIFY, That I attended deceased from
Mar 4, 1937 to Mar 4, 1937I last saw alive on Mar 4, 1937 death is said
to have occurred on the date stated above, at 2 1/2 p.m.
The principal cause of death and related causes of importance
in order of onset were as follows:myocarditis ChronicDate of
onsetContributory 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 _____

(Signed) J. C. Woodburn, M. D.(Address) Greenwell Ky

MARGIN RESERVED FOR BINDING

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. PHYSICIAN 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.