

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in every important.

COMMONWEALTH OF KENTUCKY  
 Department of Health  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
 Registrar's No. **23150**

Form V. B. 1-A  
 DEPARTMENT OF COMMERCE  
 Bureau of the Census

Registration District No. 1082 Primary Registration District No. 7471

<p><b>1. PLACE OF DEATH:</b></p> <p>(a) County <u>Muhlenberg</u></p> <p>(b) City or town <u>Hillside Ky.</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(c) Name of hospital or institution:</p> <p style="text-align: center;"><small>(If not in hospital or institution write street number or location)</small></p> <p>(d) Length of stay: In hospital or community _____ <small>(years, months or days)</small></p>	<p><b>2. USUAL RESIDENCE OF DECEASED:</b></p> <p>(a) State <u>Mo.</u> (b) County <u>Madison</u></p> <p>(c) City or town <u>Hillside Ky.</u> <small>(If outside city or town limits write RURAL)</small></p> <p>(d) Street No. _____ <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. A.? _____ years</p>																																													
<p><b>3(a) FULL NAME</b> <u>Nannie Wilcox</u></p>																																														
<p><b>3(b) If veteran, Name was _____</b>      <b>3(c) Social Security No. _____</b></p>																																														
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