

COMMONWEALTH OF KENTUCKY

State Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5928

File No.

Registered No.

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

1 PLACE OF DEATH
County Muhlenberg
Vet. Pat. N. Rogers
Inc. Town.....
City..... (No..... St., Ward)Registration District No. 1093
Primary Registration District No. 10842 FULL NAME Thos. M. Wilcox

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single Married Widowed or Divorced (Write the word)6 DATE OF BIRTH Jan 14, 1923
(Month) (Day) (Year)7 AGE 81 yrs. 1 mos. 1 ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Farming
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Muhlenberg Co. Ky10 NAME OF FATHER Don't know11 BIRTHPLACE OF FATHER (State or country) " "12 MAIDEN NAME OF MOTHER Hughes13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Blyde Wilcox
(Address) Greenville, Ky15 Filed 2/14/23 R. Wickliffe Registrar
146
7-24-28

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 12, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1923, to Feb 13, 1923, that I last saw him alive on Feb 13, 1923, and that death occurred on the date stated above at 11 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. D. Johnson, M. D.2/14/1923 (Address) Greenville

*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 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 DATE OF BURIAL

Wilcox Bldg. Feb 14, 1923

20 UNDERTAKER ADDRESS

McDonalds Debit Greenville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. 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.