

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

20733

1 PLACE OF DEATH

County Muhlenberg

Vol. No. # 18

Central City

Registration District No. 970

Ino. Town

Primary Registration District No. 2435

City

(No. St., Ward)

2 FULL NAME Wm Wilcox

File No.

Registered No. 30

[If death occurred in a hospital or institution, give its name instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 3, 1836
 (Month) (Day) (Year)

7 AGE 81 yrs. 2 mos. 26 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)

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER George Wilcox

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Julietta Wilcox

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Bryant Wilcox (Address) Central City

15 July 25, 1917 A. L. Blaud Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 24, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June, 1917, to July 5, 1917, that I last saw him alive on July 5, 1917, and that death occurred on the date stated above at 11a. The CAUSE OF DEATH was as follows:
Pneumonia + embolism

(Duration) 6 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Harry Lyde, M. D. July 25, 1917 (Address) Central City

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (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 Ohio Co. Near Echols DATE OF BURIAL July 25, 1917

20 UNDERTAKER Martin Mansel ADDRESS Central City

B. B. - Every item of information should be carefully supplied. Additions should be made to the original certificate. Every statement of OCCUPATION to very important. See instructions on back of certificate.