

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 is very important.

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

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

State File No. 9761  
Registrar's No. 100

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH  
(a) County Subslerberg  
(b) City or town Bremen Ky.  
(c) Name of hospital or institution:  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED  
(a) State Ky (b) County Joynt  
(c) City or town Bremen Ky.  
(If outside city or town limits, write RURAL)  
(d) Street No. \_\_\_\_\_  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ year

3(a) FULL NAME Jannie Wilkins

3(b) If veteran, Name was \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Female 5. Color or White 6(a) Single, W. divorced, married

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Oct 5 1865  
(Month) (Day) (Year)

8. AGE: 80 Years 5 Months 28 Days If less than one day hr. min.

9. Birthplace Ky

10. Usual occupation

11. Industry or business

FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_

MOTHER { 14. Maiden name Katherine Wiggins

15. Birthplace Ky

16(a) Informant's own signature John Wilkins

(b) Address Bremen Ky.

17. BURIAL, CREMATION, OR REMOVAL Residential Memorial

Place Funeral Home Date 4-4 1946

18(a) Signature Funeral Home

(b) Address Central City Ky.

19(a) April 2 1946 (Date received by local registrar) (b) Wm. S. Blankin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 1946

21. I hereby certify that I attended the deceased from April 1 1946 to April 2 1946 that I last saw him alive or stated above at 6:10 P. M.

Immediate cause of death Coronary Artery DURATION 1 day

Due to Arterio Sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (a) Manner of injury \_\_\_\_\_

23. Signature J. H. [unclear] (M. D. or other)

Address Central City Ky. Date signed 4-6-46