

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

REGISTRAR'S NO. 183

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Madison</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Fayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Greenfield</u>		c. LENGTH OF STAY (in this place) <u>10</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ray</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Care House</u>			d. STREET ADDRESS (If rural, give location) <u>Near Greenville</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hettie</u> b. (Middle) <u>Wilkins</u> c. (Last) <u>Wilkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>?</u>	9. AGE (In years last birthday) <u>77</u>	If Under 1 Year Months Days <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>00</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>David Wilkins</u>			14. MOTHER'S MAIDEN NAME <u>David Wilkins</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mich Co Records</u>	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X-109-21</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-12</u> , 19 <u>50</u> , to <u>Aug 14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>8-14-53</u>		23b. ADDRESS <u>Greenville, Ky</u>		23c. SIGNATURE (Degree or title) <u>Thylan H Woodson M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/15</u>		24c. NAME OF CEMETERY OR ORATORY <u>Lago</u>	
24d. LOCATION (City, town, or county) (State) <u>Madison County</u>		25a. DATE REC'D BY LOCAL REG. <u>8-15-53</u>			
25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>		26. FUNERAL DIRECTOR <u>Thylan H Woodson</u> ADDRESS <u>Greenville, Ky</u>			