

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Prec. Assessors 4-14

Registration District No. 2134

File No. 24737

Inc. Town.....

Primary Registration Dist. No.....

Registered Def

City..... (No.....)

St.

Ward) Def

if the deceased in a hospital, institution, give its name instead of street and number.

2 FULL NAME William S. Wilkins

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 10 10 1913
(Month) (Day) (Year)

7 AGE 2 yrs. 11 mos. 14 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer).....

9 BIRTHPLACE (State or country) Muhlenberg, Ky.

10 NAME OF FATHER Thomas A. Wilkins

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg, Ky.

12 MAIDEN NAME OF MOTHER Lucie M. Bennett

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg, Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rufus Stovall

(Address) Brewsville, Ky.

15 Filed 9/24, 1914 S. A. Stewart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 24 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1914, to Sept 24, 1914, that I last saw him alive on Sept 24, 1914, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows: Diphtheria

(Duration)..... yrs..... mos..... ds.

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

(Signed) T. J. Edge, M. D. 9/24, 1914 (Address) Braham, Ky.

*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 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 Cedar Grove DATE OF BURIAL 9/24, 1914

20 UNDERTAKER R. B. Donald ADDRESS Brewsville

E. S. - 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.