

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 38085
1310
Registered No. 1758

1. PLACE OF DEATH

County Jefferson

Vot. Pct. _____

Inc. Town _____

City Louisville

Registration District No. _____

Primary Registration District No. _____

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

(City Hospital St. M M C Ward)

2. FULL NAME

Charles Wilson(a) Residence. No. 2231 Magazine St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Wilson6. DATE OF BIRTH Feb 22 18827. AGE Years: 55 Months: 1 Days: 4 If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Carrollton Ky13. NAME John Wilson14. BIRTHPLACE Ky15. MAIDEN NAME Ella J. Tadey16. BIRTHPLACE Ky17. INFORMANT (Deceased)(Address) 2231 W Magazine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Central City Ky Date March 26, 193719. UNDERTAKER Madison Brothers Inc(Address) 505 Ruel Ave. S.

20. FILED

MAR 26 1937M. M. Ferguson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 24, 193722. I HEREBY CERTIFY, That I attended deceased from March 9, 1937 to March 24, 1937I last saw him alive on March 24, 1937 death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:Hypertensive Heart Disease Date of onset _____

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) W. J. James

M. D.

(Address) _____

N. B. WRITE PLAINLY, WITH UPPERCASE LETTERS. THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should be carefully supplied, in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be stated. See instructions on back of certificate.