

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. PHYSICIAN 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.

Form V. S. 1-B-40a-11-1-29

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12752

PLACE OF DEATH

County Madison

Vet. Pct. Central City Ky

Ine. Town _____

Registration District No. 1087

Primary Registration District No. 2435

File No. _____

Registered No. 42

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Wilson

(a) Residence. No. _____ 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 male 4. COLOR OR RACE Col 5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emmal Wilson

6. DATE OF BIRTH (month, day, and year) Jan. 19 - 1853

7. AGE Years 81 Months 3 Days 18 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Jenn (State or country) _____

13. NAME James Wilson

14. BIRTHPLACE (city or town) Jenn (State or country) _____

15. MAIDEN NAME Caroline Bathrop

16. BIRTHPLACE (city or town) Jenn (State or country) _____

17. INFORMANT Emma Wilson (Address) Central City Ky

18. BURIAL, CREMATION, OR REMOVAL Place Greenhill Date 5/9, 1924

19. UNDERTAKER J. B. Tucker (Address) Greenhill

20. FILED 5/17, 1924 Central City Ky Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-7-1924

22. I HEREBY CERTIFY, That I attended deceased from 4-16-1924 to 5-7-1924. I last saw him alive on 5-3-1924 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:

Paralysis
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? _____ If so, specify _____
(Signed) C. G. Crawford, M. D.
(Address) Central City Ky