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Form V. S. 1-A-50m-11-1-29

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

File No. 7

PLACE OF DEATH

County MitchellVet. Pct. Nelson CreekRegistration District No. 1095-6844

Registered No. _____

Ine. Town _____

Primary Registration District No. 19City Nelson Creek, Ky(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME William Jefferson 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 M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Wilson6. DATE OF BIRTH (month, day, year) Jan 29 18757. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
59 3 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal mines

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, day, year) May 1927 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Nelson Creek, Ky
(State or country) Mitchell13. NAME Jefferson Wilson14. BIRTHPLACE (city or town) Mitchell
(State or country) Co15. MAIDEN NAME Mary E. Collins16. BIRTHPLACE (city or town) Mitchell
(State or country) Co17. INFORMANT Alice Wilson
(Address) Nelson Creek Ky18. BURIAL, CREMATION, OR REMOVAL
Place Nelson Date May 24, 193419. UNDERTAKER Arthur M. Massey
(Address) Central City Ky20. FILED May 24, 1934 Alva Napier
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. alive on May 23, 1934, death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:apoplexy

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) Louise Bryan Carter, M.D.
(Address) Central City Ky

N. B.—WRITE PLAINLY, WITHOUT SPREADING 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. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING