

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg <small>(Where deceased lived. If institution: residence before admission)</small>			
b. CITY OR TOWN Greenville, Ky. <small>(If outside corporate limits, write RURAL and give township)</small>		c. LENGTH OF STAY (in this place) 01	c. CITY OR TOWN Central City Rt. 2		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhlenberg Comm. Hospital <small>(If not in hospital or institution, give street address or location)</small>			d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Clifford c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) 11/12/62			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/30/1888	9. AGE (In years last birthday) 74	If Under 1 Year Months Days If Under 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ky.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James R. Wilson			14. MOTHER'S MAIDEN NAME Mary Knox			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Betty Earl Wilson				
MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stroke (Cerebral Vascular) 331 X <small>Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.</small> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 3 Months	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertension; ASCVD; Uremia				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)				
	21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION	COUNTY	STATE			
22. I hereby certify that I attended the deceased from Aug 10, 1962 to Nov 12, 1962 that I last saw the deceased alive on 11-12-62 and that death occurred at 11:00 a. m. , from the causes and on the date stated above.						
23a. DATE SIGNED	23b. ADDRESS Central City, Ky.		23c. SIGNATURE Tom E. White, M.D. <small>(Degree or title)</small>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/14/62	24c. NAME OF CEMETERY OR CREMATORY Rose Hill	24d. LOCATION (City, town, or county) (State) Central City, Ky.			
25a. DATE REC'D BY LOCAL REG. 11-30-62	25b. REGISTRAR'S SIGNATURE Marjorie Hodge		26. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home Central City, Ky.			

Handwritten notes:
11-30-62
25522
11-5-62