

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Post West C. House

Ine. Town \_\_\_\_\_

City Greenville (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

Registration District No. 871

Primary Registration Dist. No. 7121

File No. 25959

Registered No. 89

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

2 FULL NAME Raymond T. Hickman

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 Dec 18, 1892  
(Month) (Day) (Year)

7 AGE 19 yrs 9 mos 18 ds. If LESS than 1 day... hrs, or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

10 NAME OF FATHER Steven Hickman

11 BIRTHPLACE OF FATHER (State or country) Indiana

12 MAIDEN NAME OF MOTHER Hannibal Lemons

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) U. C. Hickman  
(Address) Greenville Ky

15 \_\_\_\_\_

Filed Oct 7, 1917 V. H. Brumfield  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 6, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1917, to Oct 5, 1917

that I last saw him alive on Oct 5, 1917 and that death occurred, on the date stated above, at 12m.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis

(Duration) 8 mos 8 ds.

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

(Signed) T. B. Stator, M. D.  
Oct 6, 1917 (Address) Greenville 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, TRANSPORTS 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 Greenville Ky DATE OF BURIAL Oct 7, 1917

20 UNDERTAKER M. B. McDonald ADDRESS Greenville Ky

WRITE PLAINLY, WITH ENGLISH SPELLING IN A FAMILIAR HAND

B. B.—Every item of information should be correctly 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.