

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

25256

1 PLACE OF DEATH

County MushlenbergVot. Pct. weir

Inc. Town.....

City.....

Registration District No. 1093Primary Registration District No. 6830

(No. St. Ward)

2 FULL NAME Mrs Annie Wickliffe

File No.....

Registered No.....

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH May 25 1856
(Month) (Day) (Year)7 AGE 69 yrs. 4 mos. 5 ds. IF LESS than 1 day..... hrs. or..... min?8 OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Riley Reposter11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Hulda Williams13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carlos Wickliffe(Address) Central city Ky15 Filed 10/27/25 A. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH DECEMBER 30 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 16, 1925, to Sept 25, 1925, that I last saw her alive on Sept 25, 1925, and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Inguinal Glands(Duration) 7 yrs..... mos..... ds.

Contributory (Secondary)..... (Duration)..... yrs..... mos..... ds.

(Signed) Gandellison, M. D. 10/27, 1925 (Address) Brownville 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, Transients 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 Fairmount DATE OF BURIAL Oct 1, 192520 UNDERTAKER Arthur L. Morley ADDRESS Central city Ky

MACHINE REPRODUCED FOR RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be 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.