

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vet. Post South Cavalry

Inc. Town.....

City..... (No. St., Ward)

Registration District No. 7121

Primary Registration District No.

2 FULL NAME..... Amie May Wicks

File No. 27865

Registered No. 11

(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 Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Sept 19, 1921
(Month) (Day) (Year)

7 AGE 4 yrs. 4 mos. 4 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

PARENTS
10 NAME OF FATHER Wm. Wicks
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky
12 MAIDEN NAME OF MOTHER Wattie Jones
13 BIRTHPLACE OF MOTHER (State or country) Polk Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Wicks
(Address) South Cavalry

15 Filed Dec. 19, 1921 A. G. Fisher
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 20, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1921, to Dec 7, 1921, that I last saw her alive on Nov 21, 1921, and that death occurred on the date stated above at 10 P.M. The CAUSE OF DEATH* was as follows:

Stenosis of Stomach from Birth
(Duration) 4 yrs. 4 mos. 4 ds.

Contributory (SECONDARY) W.M. Wicks
(Signed) W. M. Wicks, M. D.
Dec 1, 1921 (Address) Central City 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. State... yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL South Cavalry DATE OF BURIAL Dec. 22, 1921

20 UNDERTAKER Wattie Jones ADDRESS Central City Ky

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—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.