

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH a. COUNTY <u>Wahlenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Wahlenberg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Central City</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Carrollton</u>	
d. STREET ADDRESS (If rural, give location)		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laxter</u> b. (Middle) <u>Llriott</u> c. (Last) <u>Nickliff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>24</u> <u>50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6/93</u>
9. AGE (In years last birthday) <u>38</u>	If Under 1 Year Days	If Under 1 Year Hours	If Under 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>3</u>	11. BIRTHPLACE (State or foreign country) <u>Wahlenberg Co. Ky</u>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Jacob Nickliff</u>		14. MOTHER'S MAIDEN NAME <u>Mary Nigg's</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY	17. INFORMANT <u>Mabel W. Render</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, nephritis, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Occlusion</u>	
DUE TO (c) <u>Hypertensive Cardiovascular Disease &amp; Coronary Sclerosis</u>		3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201-081-17</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to <u>3-24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-23</u> , 19 <u>50</u> , and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>3-27-50</u>	23b. ADDRESS <u>Box 769, Central City, Ky</u>	23c. SIGNATURE <u>[Signature]</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Com. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>South Carrollton Ky</u>
25a. DATE REC'D BY <u>3-31-50</u> LOCAL REG.	25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>	25c. FUNERAL DIRECTOR <u>Digene S. Elliott</u> ADDRESS <u>Greenville Ky</u>	