

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **32197**

1 PLACE OF DEATH

County **Madison**Vol. Pct. **6 Home**

Inc. Town

City

Registration District No. **1095**Primary Registration District No. **6550**

(No. St. Ward)

Registered No.

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

2 FULL NAME **Bleanche Wickiffe**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 MARRIAGE STATUS **Married**
(Write the word)6 DATE OF BIRTH **May 27** (Month) **27** (Day) **1896** (Year)7 AGE **36** yrs. mos. ds. IF LESS than 1 day hrs. or min?8 OCCUPATION (a) Trade, profession or particular kind of work **House Wife**
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) **Madison**10 NAME OF FATHER **W. H. Wickiffe**11 BIRTHPLACE OF FATHER (State or country) **Ky**12 MAIDEN NAME OF MOTHER **Essan Morehead**13 BIRTHPLACE OF MOTHER (State or country) **W. Va**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Charles Wickiffe**(Address) **1095**15 Filed **10/2/26** 1926 **B. Wickiffe** Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Nov 30** (Month) **30** (Day) **1926** (Year)17 I HEREBY CERTIFY, That I attended deceased from **Nov 30**, 1926, to **Nov 30**, 1926, that I last saw h.c. alive on **Nov 30**, 1926, and that death occurred on the date stated above at **8 P.M.**The CAUSE OF DEATH* was as follows:
None Myocardial(Duration) **1** yrs. **0** mos. **0** ds.
Contributory (Secondary) **See Primary**(Duration) **0** yrs. **0** mos. **0** ds.
(Signed) **J. B. Beatty**, M. D.
Nov 30, 1926 (Address) **1095**

*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 **1** yrs. **0** mos. **0** ds. In the State **1** yrs. **0** mos. **0** ds.
Where was disease contracted,if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL **South Charleston** DATE OF BURIAL **12-3**, 192620 UNDERTAKER **Jos & George** ADDRESS **City Ky**

MARRIED REGISTERED FOR RECORDS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B.—Every item of information should be carefully supplied. AGE should be given 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.