

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 30

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Greenville
(c) Name of hospital or institution:
Muhlenberg Community
(d) Length of stay: In hospital or community 2 hrs.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Muhlenberg
(c) City or town Greenville
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years

3(a) FULL NAME Charlie Wickliffe

3(b) If veteran, _____ 3(c) Social Security
Name war _____ No. _____

4. Sex Male 5. Color or race Negro 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Lucretia Wickliffe

6(c) Age of husband or wife if alive 41 Years
7. Birth date of deceased June 10 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 9 If less than one day hr. _____ min. _____

9. Birthplace South Carrollton, Ky.

10. Usual occupation Janitor

11. Industry or business None

FATHER { 12. Name Jutson Wickliffe

13. Birthplace So. Carrollton, Ky.

MOTHER { 14. Maiden name Don't know

15. Birthplace _____

16(a) Informant's own signature Lucretia Wickliffe

(b) Address Greenville, Ky.

17. BURIAL, So. Carrollton Place So. Carrollton Date 1/21 1941

18(a) Signature of funeral director August S. Elliott

(b) Address Greenville, Ky.

19(a) January 21, 1941 (Date received by local registrar) (b) Jane Reid Lane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1941

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw him alive on _____ 19____, and that death occurred on the date stated above at 4:20 Am.

Immediate cause of death: Homicide, shot through abdomen with 38 Cal pistol

DURATION

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following: 1941
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence January 19, 1941
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? Private home
(Specify type of place)

While at work? No (a) Means of injury Pistols

23. Signature Lewis Bryan Corcoran (M. D. or other)
Address Central City, Ky. Date signed Jan 19, 1941

MARGIN RESERVED FOR BINDING

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