

12382

Form V. S. 1-A-50m-1-12-31

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

File No. _____

Registered No. _____

1. PLACE OF DEATH

County Luhlenberg

Vot. Pct. _____

Registration District No. 16

Inc. Town _____

Primary Registration District No. _____

City Greenville, Kentucky(No. _____ St., _____ Ward) _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Fannie Dulin Wickliffe(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If none, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Temus Wickliffe
(or) WIFE of _____6. DATE OF BIRTH 18877. AGE 46 Years Months Days If LESS than 1 day _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Todd County, Kentucky13. NAME Wm. H. Dulin14. BIRTHPLACE Todd County, Kentucky15. MAIDEN NAME Annie Jones16. BIRTHPLACE Todd County, Kentucky17. INFORMANT Dr. J. B. Smith
(Address) Greenville, Kentucky18. BURIAL, Commonwealth
Place Greenville, Ky. Date Aug. 2, 193319. UNDERTAKER Wm. H. Dulin
(Address) Greenville, Kentucky20. FILED 5-2, 1933
Registrar, _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 30, 1933, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____ death is said to have occurred on the date stated above, at 2:30 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:Co. of Census return Date of onset 3-22

Contributory causes of importance not related to principal cause: _____

Name of operation Transfusion Date of Aug. 32
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no date of injury _____ 19____Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? no If so, specify _____(Signed) Guidel L. Simpson, M. D.(Address) Greenville, Ky

N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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.

DECEASED