

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 14640Registered No. 38

1. PLACE OF DEATH

County Muhlenberg

Vet. Pat. _____

Registration District No. 1093

Inc. Town _____

Primary Registration District No. 2436City Greenville(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME John T. Wickliffe(a) Residence. No. Oak Street
(Usual place of abode)St. _____ Ward _____
(If nonresident, 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 Male 4. COLOR OR RACE Colored 5. Single, Married, Widowed
or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH March 2, 18877. AGE Years Months Days IF LESS than
49 2 1 day hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Janitor9. 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 Greenville, Kentucky13. NAME Ike Wickliffe14. BIRTHPLACE Muhlenberg County15. MAIDEN NAME Nancy Dates16. BIRTHPLACE Muhlenberg County17. INFORMANT Jennie Wickliffe(Address) Greenville, Kentucky

18. BURIAL, CREMATION, OR OTHER

Place West End Cemetery May 26, 1936

19. UNDERTAKER _____

(Address) Greenville, Kentucky20. FILED 5-28 36 R.P. Coulter

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 25, 193622. I HEREBY CERTIFY, That I attended deceased from
12-5-3, 1936 to 5-25-36, 1936I last saw h alive on _____, 1936, death is said
to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance
in order of onset were as follows:Ca of Colon 4/5 Date of onset _____Cause of colonContributory causes of importance not related to
principal cause: _____Name of operation Colostomy Date of 12-30

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? _____ date of injury _____ 1936

Where did injury occur? _____

(Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

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

deceased? _____ If so, specify _____

(Signed) [Signature] M. D.(Address) Greenville, Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully stated EXACTLY. PHYSICIAN 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.