

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

File No. 29217
Registered No. 57
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

County Muhlenberg
Vot. Pct. Central City
Inc. Town Central City
City Central City

Registration District No. 1087
Primary Registration District No. 435

2 FULL NAME John Wesley Wickliffe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE Col
5 Single Married Widowed Divorced
(Write the word)
6 DATE OF BIRTH Sept 11 1910
(Month) (Day) (Year)
7 AGE 16 yrs. 0 mos. 0 ds.
IF LESS than 1 day hrs. or min?

8 OCCUPATION
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Harrison Wickliffe

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Marie Carruth

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Bright
(Address) South Carruth Ky

15 Filed 11/4 1926 - A. D. Blaudford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 3rd 1926
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1926, to Nov 3rd 1926, that I last saw him alive on Nov 3rd 1926, and that death occurred on the date stated above at 7 a.m.
The CAUSE OF DEATH* was as follows:

Influenza
(Duration) 2 yrs. 0 mos. 0 ds.
Contributory (Secondary) Influenza
(Duration) 3 yrs. 0 mos. 0 ds.
(Signed) R. P. Barclay M. D.
Nov 2nd 1926 (Address) South Carruth Ky

*State the Disease Causing Death, or, in Deaths from Accident 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 yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted,
if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
South Carruth Ky 11/4 1926

20 UNDERTAKER ADDRESS
Geo & George City Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified.
very important. See instructions on back of certificate.

201
2/9/27