

DEPARTMENT OF COMMERCE  
Bureau of the CensusDepartment of Health  
BUREAU OF VITAL STATISTICS

Registrar's No.

## CERTIFICATE OF DEATH

Registration District No. 440Primary Registration District No. 2146

## 1. PLACE OF DEATH:

(a) County Darwin  
(b) City or town Covington  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community 820 West Eighth Street  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Darwin  
(c) City or town Covington  
(If outside city or town limits, write RURAL)  
(d) Street No. 820 West Eighth  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years3(a) FULL NAME John Wickliff

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex male 5. Color or race red 6(a) Single, widowed, married, divorced married6(b) Name of husband or wife Ms. Virginia Wickliff

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased November 25 1864  
(Month) (Day) (Year)8. AGE: 77 Years Months 9 Days 14 If less than one day hr. \_\_\_\_\_ min.9. Birthplace Greenville, Ky.10. Usual occupation janitor

11. Industry or business \_\_\_\_\_

FATHER { 12. Name John Wickliff13. Birthplace KentuckyMOTHER { 14. Maiden name Prima Johnson15. Birthplace Kentucky16(a) Informant's own signature John Wickliff(b) Address 820 West 8th Street, Covington, Ky.

## 17. BURIAL, CREMATION, OR REMOVAL

Place Greenville Date April 12 194218(a) Signature of funeral director Agnew and Operating(b) Address 721 West 4th Street, Covington, Ky.19(a) 4-10-42 (Date received by local registrar) (b) Lena Cox (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942  
21. I hereby certify that I attended the deceased from March 19 1942  
to April 8 1942 that I last saw him alive on April 7 1942  
and that death occurred on the date stated above at 11:45 AM.

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Calumny Chorea  
with Myocardial DeformationDue to 1) Similarity2) Myocarditis3) Trauma

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:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (a) Name of injury \_\_\_\_\_

23. Signature for file to read (M. D. or other) \_\_\_\_\_Address 626 Elm, et. Date signed 4/9/42N. B.—WRITE PLAINLY WITH **LOADING 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. **RESERVES FOR BINDING**