

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4768

1 PLACE OF DEATH
County Muhlenberg
Vol. No. So. Carrollton Registration District No.
Ino. Town Primary Registration District No. 1085
City (No.) Sts. Ward) ..
2 FULL NAME Judson Wicklippe

File No.
Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>Black</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (Write the word)
6 DATE OF BIRTH <u>Don't know is lost</u> (Month) (Day) (Year)		
7 AGE <u>Don't know but about 50</u> yrs. .. mos. ds.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) <u>Al. Am</u>		
9 BIRTHPLACE (State or country) <u>Muhlenberg Co., Ky.</u>		
PARENTS	10 NAME OF FATHER <u>Sam Wicklippe</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co., Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Annie Hall</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg Co., Ky.</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Feb. 10 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1925, to Feb 10, 1925, that I last saw him alive on Feb 10, 1925, and that death occurred on the date stated above at 2:50 a.m. The CAUSE OF DEATH was as follows:
Supremacia of
Age
(Duration) ... yrs. mos. ds.
Contributory (SECONDARY) Wrippe
(Duration) ... yrs. mos. 5 ds.
(Signed) J. A. Barnes, M. D.
Feb 10 1925 Address So. Carrollton
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF DEATH, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 PRESENT OR RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death Yes 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
So. Carrollton Cem.
20 UNDERTAKER
W. H. Hays
DATE OF BURIAL
Feb 16, 1925
ADDRESS
Linnwood

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jos. Wicklippe
(Address) So. Carrollton
15 Filed Feb 10 1925
REGISTRAR

PAPER RESERVED FOR ENDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.