

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

PLACE OF DEATH  
County Christian

Vot. Post. # 30 Polungra

INC. TOWN.....

Hopkinsville

FULL NAME Monr Wickliffe

Registration District No. 230

Primary Registration District No. 5050

(No. W-S-Hospital)

File No. 18185

Registered No. 576

[If death occurred in a hospital or institution, give its NAME (street or street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Black SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

DATE OF BIRTH Do not know 1890  
(Month) (Day) (Year)

AGE 24 yrs. ... mos. ... ds. IF LESS than 1 day ... hrs. or ... min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work. House keeper  
(b) General nature of industry, business or establishment in which employed (or employer) h.o.

BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (State or country) Don't know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Dr. Robinson

(Address) Hopkinsville Ky

15 Filed 11-23-14 W.H. Martin  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 23<sup>rd</sup> 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1914, to Nov 23, 1914, that I last saw him alive on Nov 23, 1914, and that death occurred on the date stated above at 11:20 a.m. The CAUSE OF DEATH was as follows:

Expansion from Cerebral Meningitis  
(Duration) ... yrs. ... mos. ... ds.

Contributory Don't know  
(SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) Dr. Robinson, M. D.  
11/23, 1914 (Address) Hopkinsville Ky

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 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 of death ... yrs. ... mos. ... ds. In the 3 yrs. ... mos. ... ds. State Ky

Where was disease contracted? My Leuburg Co Ky  
If not at place of death?

Former or usual residence My Leuburg Co Ky

19 PLACE OF BURIAL OR REMOVAL South Cerralton Ky DATE OF BURIAL Nov, 1914

20 UNDERTAKER E. W. Glass ADDRESS Hopkinsville Ky