

Registration District No. 1085

Primary Registration District No.

1. PLACE OF DEATH a. COUNTY Muhlenberg County		2. USUAL RESIDENCE a. STATE Ky.		(Where deceased lived. If institution: residence address and institution)	
b. CITY (If outside corporate limits, write RURAL, and OR TOWN Greenville, Kentucky)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Greenville, Ky.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 202 North Main St.		d. STREET ADDRESS 202 North Main St.		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Robert		Wickliffe		4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 18, 1868	9. AGE (In years last birthday) 88	10. Under 1 Year (Month) (Day) (Year)
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if Retired Highway Man)		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Muhlenberg Co. Ky.	
13. FATHER'S NAME Charles Wickliffe OL		14. MOTHER'S MAIDEN NAME Margaret Bodine		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Wickliffe	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pneumonia, static		INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a) senility, malnutrition		DUE TO (b) arteriosclerosis, generalised	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4500-085-19		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		21c. CITY, TOWN, OR LOCATION COUNTY STATE	
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
22. I hereby certify that I attended the deceased from Aug 1956 to Death 1956 that I last saw the deceased alive on Nov 1, 1956 and that death occurred at 6:20 A. M., from the causes and on the date stated above.			
23a. DATE SIGNED		23b. ADDRESS Greenville Ky	
23c. SIGNATURE G. S. Hedges		(District or City)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 4, 1956	
24c. NAME OF CEMETERY OR CREMATORIUM Evergreen Cemetery		24d. LOCATION (City, town, county) (State) Greenville, Kentucky	
25a. DATE REC'D BY LOCAL REG. 11-13-56		25b. REGISTRAR'S SIGNATURE Marguerite Hodge	
25c. NAME OF FUNERAL DIRECTOR Gary S Funeral Home--Greenville, Ky.		25d. ADDRESS	