

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

9561

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *No. 1 & 8*

Ino. Town

City

2 FULL NAME

Registration District No. *872*

Primary Registration District No.

(No. St., Ward)

File No.

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

*Shelby Wickliffe*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *coal* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

6 DATE OF BIRTH *Nov. 6, 1885*

7 AGE *34* 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) *coal miner*

9 BIRTHPLACE (State or country) *Muhlenberg County Ky*

10 NAME OF FATHER *Peter Wickliffe*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg County Ky*

12 MAIDEN NAME OF MOTHER *Florence Bailey*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Charlie Wilson* (Address) *Central City Ky*

15 Filed *Mar 8, 1920* *A. L. Blufford* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 7, 1920*

17 I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1920*, to *March 7, 1920*, that I last saw him alive on *March 7, 1920*, and that death occurred on the date stated above at *70*. The CAUSE OF DEATH\* was as follows:

*8 Aralysis*

(Duration) *20* yrs. *—* mos. *—* ds.

Contributory (SECONDARY) *Otitis* (Duration) *—* yrs. *—* mos. *—* ds.

(Signed) *R. Bert Bailey, M. D.* *March 9, 1920* (Address) *Central City 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 State *—* yrs. *—* mos. *—* ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *60 years yard* DATE OF BURIAL *March 9, 1920*

20 UNDERTAKER *Joe E. George* ADDRESS *Green Mills Ky*

MARGIN RESERVED FOR ENDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
U. S.—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. See instructions on back of certificate.