

Commonwealth of Kentucky

1 PLACE OF DEATH

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

County of Muhlenberg CERTIFICATE OF DEATH

Vol. No. 13 Registration District No. 7135

Inc. Town Cleaton Primary Registration District No. ....

City ..... (No. .... St., ..... Ward)

File No. 26816

Registered No. 210

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

2 FULL NAME Mrs. B. Wickliff

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
(Write the word)

6 DATE OF BIRTH Sept 11, 1914  
(Month) (Day) (Year)

7 AGE ..... yrs. 1 mos. 17 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. none (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER Charlie Wickliff

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Mamie Bailey

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dennis Young

(Address) Cleaton

15 Filed 10-29, 1914 W. H. Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 25, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1914, to Oct 25, 1914, that I last saw her alive on Oct 27, 1914, and that death occurred on the date stated above at A.M. The CAUSE OF DEATH was as follows: acute gastric intestinal indigestion

(Duration) ..... yrs. .... mos. 12 ds.

Contributory (SECONDARY) (Duration) ..... yrs. .... mos. .... ds.

(Signed) Leroy Willie, M. D. Oct 25, 1914 (Address) Cleaton, 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 REGENT 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 Wickliff Cemetery DATE OF BURIAL 10-29, 1914

20 UNDERTAKER Cleaton and Co. ADDRESS Cleaton, Ky.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. MUST SIGNATURE OF OCCUPATION is very important. See instructions on back of certificate.