

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
**Muhlenberg**  
County  
Vol. No. *H. B. 1000*  
Reg. No. *136*  
Inc. Town  
City (No. *(1306)*)  
Ward

Registration District *16* File No. **16812**  
Registered No. **49**

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

3 FULL NAME **W. C. Wickliffe,**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married.**  
(Write the word)

6 DATE OF BIRTH **April 28, 1875.**  
(Month) (Day) (Year)

7 **28** yrs. **1** mo. **18** ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work **Rail Road section hand,**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Illiniana, Central**

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

PARENTS  
10 NAME OF FATHER **Keelin Wickliffe.**  
11 BIRTHPLACE OF FATHER (State or country) **Muhlenberg Co.**  
12 MAIDEN NAME OF MOTHER **Ann Depoyater.**  
13 BIRTHPLACE OF MOTHER (State or country) **Muhlenberg County.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) **Mrs. W. C. Wickliffe.**  
(Address) **Greenville, Ky.**

15 **Mrs. J. M. Houston**  
Filed **June 10, 1913,** **D. H. Krauslin**  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **6 14, 1913**  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **6/14**, 1913, to **6/14**, 1913, that I last saw him alive on **6/14**, 1913, and that death occurred, on the date stated above, at **2:20** p.m.

The CAUSE OF DEATH\* was as follows:  
**Bony Stove by a Train or in other words by a Train R R Co with a Train**  
(Duration) **X** yrs. **X** mos. **X** ds.

Contributory **X** (secondary) (Duration) yrs. mos. ds.  
(Signed) **J. B. Howell** M. D.  
**June 14, 1913.** (Address) **Nortonville**

\*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 **Old Liberty** DATE OF BURIAL **June 15, 1913.**

20 UNDERTAKER **McDonald & Co. Greenville** ADDRESS

*was employed by Railroad Co, & body shipped by them from Nortonville, was not prepared for burial until it reached Greenville*

U. S. Every item of information should be correctly supplied. AGE should be stated in FULLY. Informants should write clearly on matter in plain English, so that it may be properly classified. Each statement of OCCUPATION is very important. See Instructions on back of certificate.