19023

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No.
Registrar's No.

Registration District No. 1085 Primary Registration District No. 7471

DELAY

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Bremen (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Bremen
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Muhlenberg
(c) City or town [illegible] (If outside city or town limits, write RURAL)
(d) Street No. Bremen (If rural give precinct)
(e) If foreign born, how long in U. S. A.? — years

3(a) FULL NAME Alexandria Wiggins

3(b) If veteran, Name war —
3(c) Social Security No. —

4. Sex M
5. Color or race W
6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife Sarah Bell Wiggins
6(c) Age of husband or wife if alive 75 years
7. Birth date of deceased 7 - 20 - 1867 (Month) (Day) (Year)
8. AGE: Years 77 Months 0 Days 1 If less than one day ___ hr. ___ min.
9. Birthplace Kentucky
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John G. Wiggins
13. Birthplace Ky
MOTHER
14. Maiden name Kate Sallee
15. Birthplace Ky
16(a) Informant's own signature John W. Wilkins
(b) Address Bremen, Ky
17. BURIAL, CREMATION, OR REMOVAL
Place Wiggins Cem. Date 7-22, 1944
18(a) Signature of funeral director O'boro F. Home
(b) Address Owensboro Ky F. Home
19(a) 8-8-44 (Date received by local registrar)
(b) [illegible] Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1944
21. I hereby certify that I attended the deceased from 7-20 1944 to 7-21 1944 that I last saw him alive on July 20 1944, and that death occurred on the date stated above at [illegible] M.
Immediate cause of death Coronary Occlusion DURATION 1 day
Due to No Cause Known
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 94A
Of autopsy
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (d) Means of injury
23. Signature [illegible] (M. D. or other)
Address Central City Ky Date signed 7-22-44

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

MARGIN RESERVED FOR BINDING