27598

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. 325

Registration District No. 1085 Primary Registration District No. 7471

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

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Bremen Ky. (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(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 Muhl
(c) City or town Bremen (If outside city or town limits, write RURAL)
(d) Street No. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Elijah Gordon Wiggins
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex Male
5. Color or race White
6(a) Single, widowed, married, divorced W
6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Aug 13 - 1872 (Month) (Day) (Year)
8. AGE: Years 75 Months 3 Days 0 If less than one day hr. min.
9. Birthplace Ky.
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Ebon Wiggins
13. Birthplace Ky.
MOTHER
14. Maiden name Nannie Devine
15. Birthplace Ky
16(a) Informant's own signature James Wiggins
(b) Address Central City, Ky.
17. BURIAL, CREMATION, OR REMOVAL
Place Stowers Chapel Date 11-14 1947
18(a) Signature of funeral director [illegible] Funeral Home
(b) Address Central City Ky
19(a) 11-21-1947 (Date received by local registrar) (b) Anna L. Blanford (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Nov 13 1947
21. I hereby certify that I attended the deceased from 19 to 19 , that I last saw him alive on 19 and that death occurred on the date stated above at 1:20 A M.
Immediate cause of death Congestive heart failure
DURATION
Due to Auricular fibrillation & degeneration cardiac myelitis
Other conditions Nephritis, arteriosclerosis & senility (Include pregnancy within 3 months of death)
Major findings:
Of operations
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 Dr. W. O. Mayfield MD (M. D. or other)
Address Sacramento, Ky. Date signed Nov. 13 47