

7122

FORM V. O. 1-1001-1-10-11.

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County MuhlenbergVol. Pat. No 2Loc. Town Midland

City

Registration District No. 2 7122Primary Registration Dist. No. 2File No. 2538Registered No. 67

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

FULL NAME William Wiggins

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OF RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) MarriedDATE OF BIRTH June 8, 1886
(Month) (Day) (Year)AGE 27 yrs. 7 mos. 21 ds. If LESS than 1 day...hrs, or...min.?OCCUPATION
(a) Trade, profession, or particular kind of work. Cool Mining
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (State or country) Muhlenberg Co., Ky.PARENTS
10 NAME OF FATHER Robert N. Wiggins11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co., Ky.12 MAIDEN NAME OF MOTHER Francis Whitehouse13 BIRTHPLACE OF MOTHER (State or country) Kentucky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. S. Gish(Address) Midland 1515 Filed Jan. 29, 1913 Ma Grunds REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 29, 1913
(Month) (Day) (Year)17 I HEREBY CERTIFY, That (attended deceased from Jan. 21, 1913, to Jan 29, 1913, that I last saw him alive on Jan 29, 1913, and that death occurred, on the date stated above, at 2:30 pm.
The CAUSE OF DEATH* was as follows:
Gun shot wound in abdomenContributory (secondary) (Duration) yrs. 2 1/2 ds.(Signed) Wm. T. Hasenrath, M. D.
Jan 29, 1913 (Address) Bremen, 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 residence19 PLACE OF BURIAL OR REMOVAL Bremen Gravel DATE OF BURIAL January 29, 191320 UNDERTAKER R. B. Trust ADDRESS Bremen Ky

E. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. FINGERPRINTS should always be taken OF DEATH in plain text so that it may be properly classified. Error in statement of OCCUPATION is very important. See instructions on back of certificate.