

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH SPACING. THIS IS A PERMANENT RECORD. Every item of information should be carefully checked for accuracy and legibility. PHYSICIANS should state CAUSE OF DEATH in full and in detail. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COMMONWEALTH OF KENTUCKY
 State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 26929
 Registered No. _____

1. PLACE OF DEATH
 County Grant
 Vol. Pat. W Williamstown
 Reg. District No. 265-
 In. Town Yes
 Primary Registration District No. 2263
 City Williamstown Ky (No. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Anna Agnes Wicks
 (Usual place of abode) North Main St Ward _____
 (If nonresident, give city or town and State) _____
 Length of residence in city or town where death occurred _____ yrs. mos. ds. See Reg. to U. S. B. of Census Act of 1907

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	3. Single, Married, Widowed, or Divorced (with the most) <u>Widowed</u>	21. DATE OF DEATH <u>Nov 15, 1935</u>	22. I HEREBY CERTIFY, That I attended deceased from _____ 19 <u>35</u> to _____ 19 <u>35</u>	
20. If married, widowed, or divorced (a) HUSBAND of <u>Samuel Wicks</u> (b) WIFE of _____			6. DATE OF BIRTH <u>Sept 25, 1858</u>	I last saw her alive on <u>11-15, 1935</u> , death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE Year <u>77</u> Month <u>1</u> Day <u>18</u> If less than 1 day, state in minutes			23. <u>Pneumo - pneumonia</u> <u>Chronic Tubercular Heart Disease</u> Contributory causes of importance not related to principal cause: <u>Angina Pectoris</u>		
8. Trade, profession, or particular kind of work done, or profession, occupation, business, etc.			Name of operation <u>Typhoid</u> Date of _____		
9. Industry or business in which work was done, or with which connected, firm, etc.			What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>		
10. Does deceased last worked at this occupation (month and year)			24. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
11. Last time (month and year) spent in this occupation.			Manner of injury <u>None</u>		
12. BIRTHPLACE <u>Grant Co Ky</u>			Nature of injury _____		
13. NAME <u>F. B. AGOS</u>			25. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____		
14. BIRTHPLACE <u>Ky</u>			(Signed) <u>Amelie E. Finney, M. D.</u> (Address) <u>Williamstown Ky</u>		
15. MAIDEN NAME <u>Bettie Carter</u>			26. PAID <u>Nov 17, 1935</u> <u>Mary B. Bellis</u>		
16. BIRTHPLACE <u>Ky</u>					
17. INFORMANT <u>J. W. Agos</u>					
(Address) <u>Anton Ky</u>					
18. BURIAL CREMATION, OR REMOVAL					
Place <u>Holbrook Ky</u> Date <u>11/17, 1935</u>					
19. UNDERTAKER <u>Carter Stewart & Hodger</u>					
(Address) <u>Williamstown Ky</u>					