

Registration District No. 7 5 5 Primary Registration District No. 2275

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Kentucky</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write full name and name of township) <u>Louisville 14 1/2 days</u>		c. LENGTH OF STAY (in the place) <u>14 1/2 days</u>	c. CITY OR TOWN <u>Louisville 32</u>		RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			STREET ADDRESS <u>926 S. 6th St.</u>		RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Hamilton</u> c. (Last) <u>Wilkinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 2 56</u>		
5. SEX <u>M</u>	6. COLOR OF FACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Sept.</u>	8. DATE OF BIRTH <u>5-8-93</u>	9. AGE (In years last birthday) <u>63</u>	If Under 1 Year: Months <u>  </u> Days <u>  </u> If Under 14 Hrs: Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>  </u>	11. BIRTHPLACE (State or foreign country) <u>Canada, New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>  </u>
13. FATHER'S NAME <u>Edward Wilkinson</u>			14. MOTHER'S MAIDEN NAME <u>Mary Boyd</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT		

MEDICAL CERTIFICATION

13. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cancer of lungs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>max</u>		
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.			DUE TO (b) _____		
			DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>  </u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 13.) <u>  </u>		
21b. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			21c. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____		
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	

22. I hereby certify that I attended the deceased from 6-19, 1956 to 7-2, 1956 that I last saw the deceased alive on 7-2, 1956 and that death occurred at 4:45 PM, from the causes and on the date stated above.

22a. DATE SIGNED <u>7/8/56</u>	23b. ADDRESS <u>Louisville Gen Hosp.</u>	23c. SIGNATURE <u>Charles J. [Signature]</u>
25a. DATE REC'D BY LOCAL REG. <u>7-10-1956</u>	25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>[Signature]</u>