

Wilson, Victor 1860 - 1916

Kentucky Post - January 11, 1916

WILSON—Victor, at residence, 728 Greer-up, Monday afternoon, Jan. 10, 1916, aged 55 years. Burial Thursday, Jan. 13, 1916, 10:30 a. m. from late residence. Interment Highland Cemetery.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
FORM V & 1-1000H 2-29-12 STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH				
1 PLACE OF DEATH County <u>Kenton</u>			File No. <u>291</u>	
2 FULL NAME <u>Victor Wilson</u>			Registered No. <u>23</u>	
3 SEX <u>Male</u>			(If death occurred in a hospital or institution give its NAME instead of street and number.)	
4 COLOR OR RACE <u>White</u>			Registration District No. <u>280</u>	
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>			Primary Registration District No. <u>240</u>	
6 DATE OF BIRTH <u>June 11, 1860</u>			City <u>Covington</u> (No. <u>728 Greer-up</u> St., <u>1</u> Ward)	
7 AGE <u>55</u> yrs. <u>6</u> mos. <u>29</u> ds.			IF LESS than 1 day... hrs. or... min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Clerk</u> (b) General nature of industry business or establishment in which employed (or employer) <u>In. Navy</u>			16 DATE OF DEATH <u>Jan 10, 1916</u>	
9 BIRTHPLACE (State or country) <u>Kenton Co., Ky.</u>			17 I HEREBY CERTIFY, that I attended deceased from <u>Dec 18, 1915</u> , to <u>Jan 10, 1916</u> , that I last saw him alive on <u>Jan 10, 1916</u> , and that death occurred on the date stated above at <u>11</u> a. m. The CAUSE OF DEATH* was as follows: <u>Chronic Nephritis</u> <u>Pneumo Nephritis</u> <u>Brain Embolus</u>	
10 NAME OF FATHER <u>Warner Wilson</u>			Contributory (SECONDARY) <u>Stroke several years previous</u> <u>Brain Embolus</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Kenton Co., Ky.</u>			(Signed) <u>A. M. Rankin</u> M. D. <u>Jan 11, 1916</u> (Address) <u>Cov. Ky.</u>	
12 MAIDEN NAME OF MOTHER <u>Martha Sughey</u>			*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country) <u>Kenton Co., Ky.</u>			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?	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Warner Wilson</u> (Address) <u>728 Greer-up St. Cov. Ky.</u>				
15 <u>Jan 11, 1916</u> <u>J. H. Schumaker</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Highland</u> DATE OF BURIAL <u>Jan 13, 1916</u>	
			20 UNDERTAKER <u>M. L. Luskman & Sons</u> ADDRESS <u>Cov. Ky.</u>	