

MARGIN RESERVED FOR BINDING

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 File No. 19572
 Registered No. 64

 PLACE OF DEATH
 County Madison
 City Greenville (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Registration District No. 1093
 Primary Registration District No. 6832
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

 2. FULL NAME Jesse White
 (n) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

 PERSONAL AND STATISTICAL PARTICULARS
 3. SEX M
 4. COLOR OR RACE W
 5. Single, Married, Widowed or Divorced (write the word) Married
 5a. If married, widowed or divorced HUSBAND of (or) WIFE Agnes White
 6. DATE OF BIRTH Sept 2, 1912
 7. AGE Years Months Days IF LESS than 1 day.....hrs. or.....min.
24 9 29
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

 MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH July 27, 1937
 22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937 to June 30, 1937
 I last saw him alive on June 30, 1937 death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Typhoid
 Date of onset
 Contributory causes of importance not related to principal cause:

 12. BIRTHPLACE Ky
 FATHER
 13. NAME Jesse Brando
 14. BIRTHPLACE Ky
 MOTHER
 15. MAIDEN NAME Marie Vincent
 16. BIRTHPLACE Ky
 17. INFORMANT Charlie Wright
 (Address) Greenville Ky
 18. BURIAL, CREMATION, OR REMOVAL Greenville Date 7-2-37
 19. UNDERTAKER Greenville Funeral Home
 (Address) Greenville Ky
 20. FILED 7-2-37 R.D. Counter Registrar (Address) Greenville Ky

 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ date of injury _____ 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
 (Signed) J.C. Woodburn, M. D.
 (Address) Greenville Ky