

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41517

PLACE OF DEATH
County Madison
Vet. Post West Hospital
Ino. Town
City Depue

Registration District No. 971
Primary Registration District No. 7133

File No.

Registered No.

[If death occurred in a hospital, institution, or other place, give its NAME instead of street and number.]

FULL NAME Burj J. Brown

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Sept 12, 1931
(Month) (Day) (Year)

7 AGE 80 yrs. 2 mos. 22 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Monroeville, Ky

PARENTS
10 NAME OF FATHER OK
11 BIRTHPLACE OF FATHER (State or country) OK
12 MAIDEN NAME OF MOTHER OK
13 BIRTHPLACE OF MOTHER (State or country) OK

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Phelps
(Address) Depue

15 Filed 12/10, 1918 Chas. R. Bessie REGISTRAR
M. W. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 4, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1917, to Dec 4, 1918, that I last saw him alive on Dec 16, 1918, and that death occurred on the date stated above at 80 m. The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
(Duration) 11 mos. 12 ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) F. J. Layton, M. D.
Dec 4, 1918 (Address) Greenville, Ky

*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Greenville, Ky 12/10, 1918

20 UNDERTAKER ADDRESS
Chas. R. Bessie Depue

Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS 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.