

PLACE OF DEATH

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Muhlenberg CERTIFICATE OF DEATHVol. Pot. 1088 Registration District No. 1088Ino. Town. #37 Primary Registration District No. 0822City _____ (No. _____ St., _____ Ward)FULL NAME Margaret Bracken

File No. _____

Registered No. 18

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female white</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the date) <u>Married</u>
6 DATE OF BIRTH <u>Sept 6, 1892</u> (Month) (Day) (Year)		
7 AGE <u>33</u> yrs. <u>10</u> mos. <u>3</u> 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) <u>Housewife</u>		

9 BIRTHPLACE (State or country) Christian Co, Ky10 NAME OF FATHER Bill Brewer11 BIRTHPLACE OF FATHER (State or country) Alabama12 MAIDEN NAME OF MOTHER Williams13 BIRTHPLACE OF MOTHER (State or country) Todd Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Bracken(Address) Drakesboro

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 3, 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from June 20, 1925 to July 3, 1925 that I last saw her alive on June 20, 1925 and that death occurred on the date stated above at 12:30 The CAUSE OF DEATH* was as follows:Tuberculosis of Lungs
(Duration) 3 yrs. 3 mos. 0 ds.Contributory (SECONDARY) _____ yrs. 3 mos. 0 ds.Signed H. D. Newmark
July 3, 1925 (Address) Drakesboro

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEAN OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

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 residencePLACE OF BURIAL OR REMOVAL Drakesboro DATE OF BURIAL July 4, 1925BY J. L. Plunk CHOLAR _____19 Filed 7-8, 1925 J. Kimmel REGISTRAR

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. Ask sheets if wanted EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.