

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 120

1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. _____

Ino. Town MartinsburgRegistration District No. 1085Primary Registration District No. 7485City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution give its NAME instead of street and number)2. FULL NAME Andrew Bradley(a) 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 col 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Mar 25-18897. AGE 51 Years Months Days If LESS than 1 day.....hrs. or.....min. 68. 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. Coal mines
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Ky13. NAME Andy Bradley14. BIRTHPLACE Ten15. MAIDEN NAME Millie Creshinberry16. BIRTHPLACE Ky17. INFORMANT Dora Reynolds
(Address) Graham Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Pourdesbois Date April 3, 194019. UNDERTAKER Ernest S. Talbot
(Address) Greenville Kentucky20. FILED 4-9, 1940 James Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3-31, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____, death occurred to have occurred on the date stated above, at _____, Ky. The principal cause of death and related causes of importance in order of onset were as follows:

Homicide shot through Date of onset _____head with 38 calBullet

Contributory causes of importance not related to principal cause: _____

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 _____ 1940

Where did injury occur? _____

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Laurie Bryan coroner(Address) Central City Ky

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. 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.