

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

1 PLACE OF DEATH
County Muhlenberg
Vol. No. Shilside
Ino. Town
City (No. St., Ward)

Registration District No. 16
Primary Registration District No. 7136

File No. 24600

Registered No. 92

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

3 FULL NAME Ismael Bradley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH Nov. 7, 1909
(Month) (Day) (Year)

7 AGE 4 yrs., 11 mos., 20 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

10 NAME OF FATHER Carnest Bradley

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Eva Miller

13 BIRTHPLACE OF MOTHER (State or country) White Co. Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Steele

(Address) Powderly

15 Filed Oct 28, 1914 Mrs. M. M. Hunter REGISTRAR
Per J. H. Franklin

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 27, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1914 to Oct 27, 1914, that I last saw him alive on Oct 27, 1914, and that death occurred on the date stated above at 12:00 m. The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) Typhoid Fever

(Signed) O. B. Martin, M. D.
Oct 28, 1914 (Address) Franklin Ky

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Caves Bldg. DATE OF BURIAL Oct. 28, 1914

20 UNDERTAKER McDonald & Dewitt ADDRESS Leicester

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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.