

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

1 PLACE OF DEATH

County Martin

Vol. No. 100

Inc. Town Greenville Ky

City Greenville Ky

Registration District No. 171

Primary Registration District No. 2446

(No. St., Ward)

File No. 25956

Registered No. 92

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

2 FULL NAME John Bradley

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec, 18, 1890
(Month) (Day) (Year)

7 AGE 22 yrs. 0 mos. 0 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Martin County

10 NAME OF FATHER Henry Brady

11 BIRTHPLACE OF FATHER (State or country) Martin County

12 MAIDEN NAME OF MOTHER Emma Short

13 BIRTHPLACE OF MOTHER (State or country) Martin County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Titus Phodes
(Address) Greenville

15 Filed Oct 19 1912 V. H. Grauch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 18 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ✓, 191..., to ✓, 191..., that I last saw h... alive on ✓, 191..., and that death occurred on the date stated above at 5 P.M. The CAUSE OF DEATH* was as follows:
Gunshot wound in right side about 3 in below nipple and to the right - from edge
(Duration) ✓ yrs. ✓ mos. ✓ ds.

Contributory (SECONDARY) ✓ (Duration) ✓ yrs. ✓ mos. ✓ ds.
(Signed) C. B. Maslin, M. D.
Oct 19 1912 (Address) Greenville 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 RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
In the
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL Greenville DATE OF BURIAL Oct 20, 1912

20 UNDERTAKER J. B. Grog ADDRESS Greenville

WRITE PLAINLY WITH SPANISH INK--THIS IS A PERMANENT RECORD
 Be sure that all information is given and be carefully checked. All should be checked EXACTLY. PHYSICIAN'S
 SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly understood. Most important of all, the
 certification is very important. See instructions on back of certificate.
 NAMES RESERVED FOR INDEXING