

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vet. Post Central City

Ino. Town #4

City .....

Registration District No. 270

Primary Registration District No. 7424

File No. ....

Registered No. 41

[If death occurred in a hospital or institution, give its name (street or street and number.)

(No. .... St. .... Ward)

2 FULL NAME John M. Brasher

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 27 1898  
(Month) (Day) (Year)

7 AGE 23 yrs. 5 mos. 3 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Willson Co Tenn

10 NAME OF FATHER Alfred Brasher

11 BIRTHPLACE OF FATHER (State or country) Wilson Co Tenn

12 MAIDEN NAME OF MOTHER Harriet Johnson

13 BIRTHPLACE OF MOTHER (State or country) Reelfoot Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Central City Ky  
(Address) Central City Ky

15 Filed 1/14/1921 A. L. Blum  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12-10-1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 11-28, 1921, to 12-10, 1921, that I last saw him alive on 12-10, 1921, and that death occurred on the date stated above at ..... m. The CAUSE OF DEATH\* was as follows:

Senescent Mitral Valve

(Duration) 2 yrs. .... mos. .... ds.

Contributory (secondary) age (Duration) .... yrs. .... mos. .... ds.

(Signed) F. A. Kelly M. D. (Address) Central City Ky

\*With the DAMAGE 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. 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 Central City Ky DATE OF BURIAL 12-14-1921

20 UNDERTAKER McDonald-Demet ADDRESS Central City Ky

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

U. S. - Every item of information will be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH. Ask terms, so that it may be properly stated. Insert statement of OCCUPATION in very important. See instructions on back of certificate.