

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Franklin*

Vol. *Franklin* Registration District No. *877*

Inc. Town ..... Primary Registration District No. *7125U*

City ..... (No. .... St., ..... Ward) File No. **16496**  
Registered No. **26**

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

2 FULL NAME *Annice Brasher*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *married*

6 DATE OF BIRTH *May 9, 1849*

7 AGE *65 yrs. 1 mo. 18 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) .....

9 BIRTHPLACE (State or country) *Butler co*

PARENTS

10 NAME OF FATHER *Angus Brasher*

11 BIRTHPLACE OF FATHER (State or country) *Butler co*

12 MAIDEN NAME OF MOTHER *Lucia Brasher*

13 BIRTHPLACE OF MOTHER (State or country) *Butler co*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Janice Brasher* (Address) *Franklin*

15 Filed *June 29 1914* *J. R. Kyrre* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 27, 1914*

17 I HEREBY CERTIFY, That I attended deceased from *March 15, 1914*, to *June 27, 1914*, that I last saw her alive on *June 27, 1914*, and that death occurred on the date stated above at *10 A.M.* The CAUSE OF DEATH\* was as follows: *Hyper trophy of heart*

..... (Duration) ..... yrs. .... mo. .... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mo. .... ds.

(Signed) *D. B. Slator* M. D. *June 27, 1914* (Address) *Greenwell*

\*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. .... mo. .... ds. State ..... yrs. .... mo. .... ds.

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

19 PLACE OF BURIAL OR REMOVAL *Throntonville* DATE OF BURIAL *June 25, 1914*

20 UNDERTAKER *L. H. Strait* ADDRESS *Bank Creek Ky*

WRITE PLAINLY WITH INK. THIS IS A PUBLIC DOCUMENT. IT IS THE DUTY OF EVERY CITIZEN TO BE CORRECTLY INFORMED AS TO THE CAUSE OF DEATH. THE STATE BOARD OF HEALTH HAS THE HONORABLE OBLIGATION TO BE CORRECTLY INFORMED. THE INFORMATION ON THIS CERTIFICATE IS VERY IMPORTANT. THE INFORMATION ON THIS CERTIFICATE IS VERY IMPORTANT.