

13209

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

File No. _____

CERTIFICATE OF DEATH

Registered No. 361. PLACE OF DEATH
County Muhlenberg

Vol. Pat. _____

Registration District No. 1093

Ine. Town _____

Primary Registration District No. 2436City Brewer(No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Harry Brewer(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 W 5. Single, Married, Widowed or Divorced (write the word) married

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

6. DATE OF BIRTH July 5 18887. AGE Years Months Days IF LESS than 1 day.....hrs. or.....min.
47 10 88. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Latisia13. NAME L. H. Brewer14. BIRTHPLACE Latisia15. MAIDEN NAME Hannah Schneider16. BIRTHPLACE Latisia17. INFORMANT Strom(Address) Brewer Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Nashville Tenn. May 18 193519. UNDERTAKER M. B. McDonald(Address) Brewer Ky20. FILED 5-13 1935 R. P. Coughlin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 13, 1935

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

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:Coronary Occlusion Date of onset _____Contributory causes of importance not related to principal cause:
Dilated myocardium

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 _____ 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) Dr. J. H. ... M. D.(Address) Brewer Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITHOUT 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.