

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

7581

PLACE OF DEATH

County *Mullensburg*Vot. Pot. # *5*Registration District No. *872*Ino. Town. *Drakesboro*Primary Registration District No. *2437*

City

(No.)

St.

Ward)

2 FULL NAME

Arizona Brewer

File No.

Registered No. *12*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*6 DATE OF BIRTH *Oct 23, 1883*
(Month) (Day) (Year)7 AGE *28 yrs. 5 mos. 29 ds.* IF LESS than 1 day... hrs. or... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. *Housewife*
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Warren Co., Ky.*10 NAME OF FATHER *Thos Harrison*11 BIRTHPLACE OF FATHER (State or country) *Bowling Green Ky.*12 MAIDEN NAME OF MOTHER *Paralee Rainwater*13 BIRTHPLACE OF MOTHER (State or country) *Bowling Green Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

*A.R. Brewer
Drakesboro, Ky.*

15

Filed *4-12-22**J.R. Kimmel*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Mar 22, 1922*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Mar 14, 1922* to *Mar 22, 1922*, that I last saw her alive on *Mar 22, 1922*, and that death occurred on the date stated above at *11 a.m.* The CAUSE OF DEATH* was as follows:*Influenza*(Duration) ... yrs. ... mos. *8* ds.Contributory (SECONDARY) *Miscarriage*(Duration) ... yrs. ... mos. *5* ds.(Signed) *H.A. Newman, M.D.*(Address) *Drakesboro, Ky.*

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

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 DATE OF BURIAL

Summers Chapel (Ennis, Ky.) Mar 23, 1922

20 UNDERTAKER ADDRESS

J.R. Kimmel Drakesboro, Ky.

WRITE PLAINLY, IN UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be 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.

MARGIN RESERVED FOR REVISIONS