

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22648

1 PLACE OF DEATH
County Washington
Vot. Pot. Erwins
Inc. Town.....
City..... (No. St., Ward)

Registration District No. 7127
Primary Registration District No. 7

File No.
Registered No. 9
(If death occurred in hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bessie Brewer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Married</u> Widowed Divorced (Write the word)
6 DATE OF BIRTH <u>10</u> <u>9</u> <u>1861</u> (Month) (Day) (Year)		
7 AGE <u>60</u> yrs. - <u>21</u> mo.		IF LESS than 1 day hrs. or min?
8 OCCUPATION (a) Trade, profession or particular kind of work. <u>at home</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Ky</u>		
10 NAME OF FATHER <u>Wesley Williams</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>unknown</u>		
12 MAIDEN NAME OF MOTHER <u>Sarah Grison</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>unknown</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. W. Brewer
(Address) Erwins, W. Va.

15 Filed Nov 3, 1921, by G. D. Fleming
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 30, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1921, to Oct 27, 1921, that I last saw h.e. alive on Oct 27, 1921, and that death occurred on the date stated above at 6:21 a.m.
The CAUSE OF DEATH* was as follows:
taken Pneumonia
(Duration) yrs. mos. 14 ds.
Contributory (Secondary)
(Duration) yrs. mos. d.
(Signed) Henry Smith, M. D.
..... 1921. (Address) W. Va.
*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. 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 Summers Chapel DATE OF BURIAL 10-31, 1921
20 UNDERTAKER W. W. Wood ADDRESS Rockester

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—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.
 SEARCHED SERIALIZED FOR INDEXING