

1 FRAGR OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty MuhlenbergFile No. 4891Vet. Pct. West Court HouseRegistration District No. 1093

Registered No. _____

Inc. Town _____

Primary Registration District No. 683

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Charley Eugene Brewer(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed Divorced
(Write the word)6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of7 DATE OF BIRTH August 23, 1877
(Month) (Day) (Year)7 AGE 52 yrs. 8 mos. 23 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work. Farmer
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) _____
(State or country) Logan CountyPARENTS
10 NAME OF FATHER mes Albert Brewer
11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Wilson Co., Tenn.
12 MAIDEN NAME OF MOTHER Susan Margaret Foster
13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Logan County, Ky.14 (Informant) F. E. Brewer
(Address) Reпой, Kentucky15 Filed 2/9, 1930 C. B. Wehoffs
By M. Wells. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 7, 1930, 19____
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1930, to Feb 7, 1930
that I last saw him alive on Feb 7, 1930
and that death occurred on the date stated above at 9 P. m.
The CAUSE OF DEATH was as follows:
Organic Heart Trouble(Duration) 2 yrs. _____ mos. _____ ds.
Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) E. L. Slater, M. D.
Feb 8, 1930. (Address) Greenville, Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Friendship DATE OF BURIAL 2/9, 1930, 19____20 UNDERTAKER Orion L. Rank ADDRESS Greenville, Ky.

RECORDS PRESERVED FOR INDEXING

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

M. D.--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.