

## 1 PLACE OF DEATH

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County

Muhlenberg

Vol. No.

E 1111

Registration District No.

1894

Inc. Town

Primary Registration District No.

2866

City

Noting, Precinct No. 7

2 FULL NAME

Hugh D. Brewer

File No.

Registered No.

11

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M	4 COLOR OR RACE W	5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) Married
6 DATE OF BIRTH 6 3 1856 (Month) (Day) (Year)		
7 AGE 66 yrs. 1 mos. 27 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) Farmer		
9 BIRTHPLACE (State or country) Ala		

PARENTS	10 NAME OF FATHER L. W. Brewer
	11 BIRTHPLACE OF FATHER (State or country) Tenn
	12 MAIDEN NAME OF MOTHER Sarah J. Cunningham
	13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) L. W. Brewer  
(Address) King's Bluff, Ky

15  
Filed Aug. 5, 1922 G. D. Tishering  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 30 1922 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from July 10, 1922, to July 20, 1922, that I last saw him alive on July 20, 1922, and that death occurred on the date stated above at 5 P.M. THE CAUSE OF DEATH* was as follows: Dysentery following Malaria (Duration) yrs. mos. 2 1/2 ds.
Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) H. H. Smith, M. D.  
\*S.S.I., 1922 (Address) Rochester, Ky.

\*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 Dismore Chapel	DATE OF BURIAL 7-31-1922
20 UNDERTAKER W. D. Wood	ADDRESS Rochester