FORM V. S. 1-1914-1-10-M.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. Hikesville
Registration District No. 7140B
File No. 11039
Ins. Town
Primary Registration Dist. No. 7
Registered No.
City (No. , St. , Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

3 FULL NAME Mollie Lee Brewer

PERSONAL AND STATISTICAL PARTICULARS

2 SEX: female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

6 DATE OF BIRTH: 4 (Month) 3 (Day) 1912 (Year)

7 AGE: yrs. mos. 1 ds.
If LESS than 1 day hrs, or 6 min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work:
(b) General nature of industry business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ky

PARENTS
10 NAME OF FATHER: George W Brewer
11 BIRTHPLACE OF FATHER (State or country): Ky
12 MAIDEN NAME OF MOTHER: Emma Canfield
13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George W Brewer
(Address) Knight burg Ky

15
Filed April 5, 1912 Chas Fleming
REGISTRAR

11—6194

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 5 (Day), 1912 (Year)

17 I HEREBY CERTIFY, That I attended deceased from
—— , 191 , to —— , 191 ,
that I last saw h— alive on —— , 191 ,
and that death occured, on the date stated above, at —— m.

The CAUSE OF DEATH* was as follows:

~~Mal~~
Un Known
(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) , M. D.
, 191 (Address)

*State the DISEASE CAUSING DEATH, or, in death 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: Simmons yard
DATE OF BURIAL: April 5, 191
20 UNDERTAKER: Meier & Co
ADDRESS: Rochester

WRITE PLAINLY. WRITE WITH PEN AND INK. DO NOT USE PENCIL.
Sec. 8.—Every item of information called for by this certificate must be carefully supplied. AGE should be stated in YEARS, if under one year, in MONTHS, or if under one month, in DAYS. OCCUPATIONS should be stated with sufficient definiteness to show the social and economic status of the person. 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.