

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

16565

PLACE OF DEATH
County Muhlenberg
Vot. Pot. 32
Inc. Town Drakesboro
City Drakesboro (No. 10882 St. 2437 Ward)

Registration District No. 10882
Primary Registration District No. 2437

File No.
Registered No. 28

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

FULL NAME William Gordon Brewer

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

16 DATE OF DEATH July 24, 1922
(Month) (Day) (Year)

6 DATE OF BIRTH Feb 10, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1922, to July 24, 1922, that I last saw him alive on July 24, 1922, and that death occurred on the date stated above at 6 a.m. The CAUSE OF DEATH* was as follows:
Mesocarditis

7 AGE 1 yrs. 5 mos. 14 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)

9 BIRTHPLACE (State or country) Drakesboro Ky

(Duration) ... yrs. ... mos. 24 ds.
Contributory (Secondary)
(Signed) J. D. Cassidy, M. D.
July 24, 1922 (Address) Drakesboro Ky

10 NAME OF FATHER Geo Brewer

11 BIRTHPLACE OF FATHER (State or country) Paradise Ky

12 MAIDEN NAME OF MOTHER Carrithers

13 BIRTHPLACE OF MOTHER (State or country) Ohio Ky

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Brewer
(Address) Drakesboro Ky

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

18 FILED 7-24-22 J. Kimmel REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Rhoads DATE OF BURIAL 7-25, 1922

20 UNDERTAKER J. Kimmel ADDRESS Drakesboro Ky

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

Be sure that all information is given and be carefully supplied. AGE should be given EXACTLY. PHYSICIAN should state CAUSE OF DEATH in full terms, so that it may be properly recorded. Exact statement of OCCUPATION is very important. See instructions on back of certificate.