

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

9985

1 PLACE OF DEATH

County Murderbury

File No. _____

Vot. Pot. _____

Registration District No. 7126Registered No. 3Inc. Town Paradise

Primary Registration District No. _____

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

City _____ (No. _____ St. _____ Ward _____)

3 FULL NAME W. J. Brewer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single Married
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 60 yrs. _____ mos. _____ 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) Morgan Co. W. Va.

10 NAME OF FATHER Geo. W. Brewer

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Arch. J. Brewer

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. E. Carpenter
(Address) North Main St. W. Va.

15 Filed 4-24 1922 W. S. Cundiff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 29 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1922 to April 22, 1922, that I last saw him alive on April 22, 1922, and that death occurred on the date stated above at 10 a.m.

The CAUSE OF DEATH was as follows:
Respiratory Distress
& Heart Failure
(Duration) _____ yrs. _____ mos. 10 ds.

Contributory (Secondary) _____
(Signed) L. O. D. Foster M. D.
4/23/1922 (Address) Brewer 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 _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ d.
Where was disease contracted, _____

If not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Rhodes county DATE OF BURIAL 4-24-1922

20 UNDERTAKER J. H. Brinnin ADDRESS Dukeboro

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.

MARINE REGISTERED FOR SERVICE