

1 PLACE OF DEATH

County MuhlenbergVet. Pct. # 9Inc. Town Rosewood

City _____

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7129

Primary Registration District No. _____

(No. _____ St. _____ Ward)

2 FULL NAME George W. BriganceFile No. 4897

Registered No. _____

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

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 Nov 5, 1875
(Month) (Day) (Year)7 AGE 47 yrs. 4 mos. 12 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION (a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Todd Co10 NAME OF FATHER John S Brigance11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Maggie Meadows13 BIRTHPLACE OF MOTHER (State or country) Ty.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. L. Brigance(Address) Claxton, Ty.15 Filed 2/17, 1922 Mrs E. Smith

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 17, 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1922, to Feb 16, 1922, that I last saw him alive on _____, 1922, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Duration) _____ yrs. _____ mos. 7 ds.Contributory Flu
(Secondary) (Duration) _____ yrs. _____ mos. _____ ds.(Signed) T. G. Turner, M. D.
2/17, 1922 (Address) Dunmore, Ky.

*State the Disease Causing Death, or, in deaths from violent Cause 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 _____ in the of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted,

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

19 PLACE OF BURIAL OR REMOVAL Green Briar DATE OF BURIAL 2/17, 192220 UNDERTAKER Dallas Beaton ADDRESS Dunmore

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given 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.

MAGNET RESERVED FOR REPRODUCING