

1 PLACE OF DEATH

County Muhlenberg

Vet. Post Court House 10

Inc. Town

City (No. St.; Ward)

3 FULL NAME Arch Brooks

File No. 11026

Registered No. 38

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 2, 1887
(Month) (Day) (Year)

7 AGE 24 yrs. mos. 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) Logan County, Ky.

10 NAME OF FATHER J. J. Brooks.

11 BIRTHPLACE OF FATHER (State or country) Logan Co. Ky.

12 MAIDEN NAME OF MOTHER Margaret Brooks.

13 BIRTHPLACE OF MOTHER (State or country) Logan Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. J. Brooks
(Address) Greenville, Ky.

15 Filed APR 17 1912
W. H. Graue REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 17, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1912, to April 16, 1912, that I last saw him alive on April 16, 1912, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows: Pneumonia

(Duration) yrs. 4 mos. ds.

Contributory none
(Secondary) (Duration) yrs. mos. ds.

(Signed) T. J. Staten, M. D.
April 17, 1912 (Address) Greenville

*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. d. 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 Friendship DATE OF BURIAL April 18, 1912

20 UNDERTAKER Arch L. Rowan ADDRESS Greenville, Ky.

STATE PLAINLY, WITH NEARBY NE-TWO IS A FUNDAMENTAL RECORD. E. S.—Every item of information should be carefully supplied. AGE should be stated FULLY. 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.