

COMMONWEALTH OF KENTUCKY
 State Board of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
File No. 1092

Registered No. _____

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

 1 PLACE OF DEATH
 County: Mitchell
 2 HOUSE No. H. C. House
 Registration District No. 871
 Inc. Town: _____ Primary Registration District No. 2131
 City: _____ (No. _____ St., _____ Ward)
2 FULL NAME Bete F. Brooks

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 March 21 1869
 (Month) (Day) (Year)

 7 AGE 52 yrs. 11 mos. 6 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 Co. Ky

 10 NAME OF FATHER Jackson Brooks

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

 12 MAIDEN NAME OF MOTHER Margaret Brown

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. H. Brown(Address) Greenville Ky
 15 FILED 2/28/22 1922 O. Wickliffe Registrar
sub call

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH Feb 27 1922
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1922, to Feb 27, 1922, that I last saw him alive on Feb 26, 1922, and that death occurred on the date stated above at 8 1/2 m.

 The CAUSE OF DEATH* was as follows:
Pneumonia Lobar & Influenza

(Duration) _____ yrs. _____ mos. _____ ds.

 Contributory (Secondary) Pulmonary Tuberculosis

(Duration) _____ yrs. _____ mos. _____ ds.

 (Signed) C. Anderson, M. D.

2/27, 1922 (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.

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 Woodlawn DATE OF BURIAL 2/28 1922

 20 UNDERTAKER C. H. Roark ADDRESS Greenville