FORM V S 1-500M

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 14
Registered No. 23252

1 PLACE OF DEATH
County McLean
Vet. Pct. Beech Grove
Inc. Town Same
City ..... (No. ..... St., ... Ward)

Registration District No. 734
Primary Registration District No. 7890

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

2 FULL NAME Mrs Emma Brooks

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word): [illegible]

6 DATE OF BIRTH: October 27, 1857 (Month) (Day) (Year)

7 AGE: 59 yrs. 9 mos. 23 ds.
IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Mecklenburg-Ky

PARENTS

10 NAME OF FATHER: Jacob Brooks
11 BIRTHPLACE OF FATHER (State or country): Logan Co
12 MAIDEN NAME OF MOTHER: Francis Buchanan
13 BIRTHPLACE OF MOTHER (State or country): Logan Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R L Brooks
(Address) Beech Grove Ky

15 Filed 8/22, 1917 Hale B Montague REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August (Month) 22 (Day) 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 1st, 1917, to August 22, 1917, that I last saw h alive on August 17, 1917, and that death occurred on the date stated above at 6 p.m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E. F. Mitchell, M. D.
August 22, 1917. (Address) Beech Grove 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 of death ... yrs. ... mos. ... ds. 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: Calhoun Cemetery
DATE OF BURIAL: 8/23, 1917

20 UNDERTAKER: Jesse M Bros
ADDRESS: St Joseph

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

B. 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.

REMAIN RESERVED FOR BINDING

11—3184