

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22110

1 PLACE OF DEATH

County *Mitch*

Vot. Pot. *Court House*

Inc. Town

City *Greenville Ky*

Registration District No. *871*

Primary Registration District No. *7180*

(No. *3*)

St., Ward

File No.

Registered No.

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

2 FULL NAME *J. Brooks*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDDED, OR DIVORCED (Write the word)

Married

MEDICAL CERTIFICATE OF DEATH

6 DATE OF DEATH

Nov 24 1917
(Month) (Day) (Year)

6 DATE OF BIRTH

Nov 24 1846
(Month) (Day) (Year)

7 I HEREBY CERTIFY, That I attended deceased from *Nov 3*, 1917, to *Nov 24*, 1917, that I last saw him alive on *Nov 23*, 1917, and that death occurred on the date stated above at *.....* m. The CAUSE OF DEATH* was as follows:
Cancer of stomach

7 AGE

73 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)

(Duration) *2* yrs. mos. ds.

9 BIRTHPLACE (State or country)

Logan Co Ky

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

10 NAME OF FATHER

John Brooks

(Signed) *J. H. ...*, M. D.
Dec 18, 1917 (Address) *Greenville Ky*

11 BIRTHPLACE OF FATHER (State or country)

Va.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

12 MAIDEN NAME OF MOTHER

Unknown

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TENNANTS OR RECENT RESIDENTS)

13 BIRTHPLACE OF MOTHER (State or country)

VA

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *B. H. Brooks*

(Address) *Greenville Ky*

19 PLACE OF BURIAL OR REMOVAL

Friendship Ky *Nov 25 1917*

DATE OF BURIAL

15

Filed *12/27 1917* *9 C. B. Budick*
Greenville Ky REGISTRAR

20 UNDERTAKER

Ch Roark *Greenville Ky*

ADDRESS

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.