

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 1082 Primary Registration District No. 7471

Motor 15642

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## 1. PLACE OF DEATH:

(a) County Mecklenburg  
(b) City or town Thomas Ky  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Muhl.  
(c) City or town Parsons  
(If outside city or town limits, write RURAL)(d) Street No. \_\_\_\_\_  
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Laura Jane Brooks

## 3(b) If veteran, \_\_\_\_\_

## 3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_

No. \_\_\_\_\_

James 5. White 6(a) Single, widowed, married, divorced6(b) Name of husband or wife L. L. Brooks

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Feb 27 - 1865  
(Month) (Day) (Year)8. AGE: 80 Years 7 Months 25 Days If less than one day  
hr. min.9. Birthplace Ky.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER { 12. Name John Bassett13. Birthplace KyMOTHER { 14. Maiden name Francis Ashby15. Birthplace Ky16(a) Informant's own signature W. D. Brooks(b) Address Paris Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Date 7-24 194518(a) Signature of funeral director James James(b) Address Central City Ky19(a) 7/23/45 (Date/received by local registrar) (b) A. L. Phelan (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 194521. I hereby certify that I attended the deceased from May 1945to July 22 1945, that I last saw him alive onJuly 18 1945, and that death occurred on the datestated above at 11:30 P. M.Immediate cause of death acute nephritisDue to nephritisOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 130 - 102

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. P. Walter M. D. (M. D. or other)Address July 22 - 45 Date signed \_\_\_\_\_  
Central City, Ky