

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1922 4004

## 1 PLACE OF DEATH

County MuhlenbergVot. Pct. West Boygan

Inc. Town.....

City.....

Registration District No. 171Primary Registration District No. 7133

(No. .... St. .... Ward)

3 FULL NAME Mary Ann Brooks

File No. ....

Registered No. ....

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed Divorced Married  
(Write the word)

6 DATE OF BIRTH November 27 1987  
(Month) (Day) (Year)

7 AGE 50 yrs. 2 mos. 27 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) Bryan County Ky

10 NAME OF FATHER Thomas C Williams

11 BIRTHPLACE OF FATHER (State or country) Lumpkin Co Ky

12 MAIDEN NAME OF MOTHER Martha J Stewart

13 BIRTHPLACE OF MOTHER (State or country) Bryan Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. D. Williams(Address) Greenwell Ky

15 Dr. W. C. Wickliffe  
Filed Dr. W. C. Wickliffe Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 23, 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1922, to Feb 23, 1922, that I last saw him alive on Feb 22, 1922, and that death occurred on the date stated above at 100 a.m.

The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia

(Duration) .... yrs. .... mos. 2 ds.  
Contributory Influenza & Pulmonary TB  
(Secondary) (Duration) 2 yrs. .... mos. .... ds.

(Signed) Charles Wilson M. D.  
1922 (Address) Greenwell 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 Woodland Cemetery DATE OF BURIAL 27 Feb 1922

20 UNDERTAKER Greenwell Ky ADDRESS Greenwell, Ky

STAMEN RESERVED FOR RECORDS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given 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.