

PLACE OF DEATH

County Muhlenberg
Vet. Post Court House 10File No. 15775

Inc. Town

Registered No. 52City (No. 871-7131 St.; Ward)

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

FULL NAME Minnie Brooks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) singleDATE OF BIRTH Dec 7, 1911
(Month) (Day) (Year)AGE 7 yrs. 7 mos. — ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Muhlenberg CoPARENTS 10 NAME OF FATHER W. L. Brooks11 BIRTHPLACE OF FATHER (State or country) Logan Co 1412 MAIDEN NAME OF MOTHER Dee Brigham13 BIRTHPLACE OF MOTHER (State or country) Ladd Co 14

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. L. Brooks
(Address) Greenville15 Filed June 7, 1912 W. H. Brumley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 7, 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 25, 1912, to June 7, 1912 that I last saw her alive on June 3, 1912 and that death occurred, on the date stated above, at 1:45 p.m.The CAUSE OF DEATH* was as follows: Tubercular meningitis(Duration) 1 mo. — ds.

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.(Signed) G. J. Stator, M. D.
June 7, 1912 (Address) Dremsel, 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 Friendship DATE OF BURIAL June 7, 191220 UNDERTAKER Ed Roark ADDRESS Greenville

WRITE PLAINLY, WITH CARE AND BE CAREFUL. THIS IS A PERMANENT RECORD

M. D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.