

COMMONWEALTH OF KENTUCKY  
 STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

PLACE OF DEATH

County MechlenburgFile No. 5079Vot. Pot. Registration District No. 271

Registered No. ....

Inc. Town Primary Registration District No. ....

 (If death occurred in a  
 hospital or institution,  
 give its NAME instead of  
 street and number.)
City (No. ....) St., .... Ward) ✓FULL NAME Mollie L. Brothers

## PERSONAL AND STATISTICAL PARTICULARS

 SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 (Write the word)

 DATE OF BIRTH Feb. 27, 1893  
 (Month) (Day) (Year)

 AGE 21 yrs. 11 mos. 13 ds. IF LESS than 1 day... hrs. or... min?

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

 BIRTHPLACE (State or country) Mechlenburg County Va

 NAME OF FATHER John Johnston

 BIRTHPLACE OF FATHER (State or country) North Carolina

 MAIDEN NAME OF MOTHER Elysebeth Wilis

 BIRTHPLACE OF MOTHER (State or country) Mechlenburg Co Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. McMillan(Address) Greenwell, Va.
 15 Filed 3/2, 1915 L. B. Wickliffe  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH Feb. 9, 1915  
 (Month) (Day) (Year)

 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1914, to Feb. 8, 1915, that I last saw h.a. alive on Feb. 8, 1915, and that death occurred on the date stated above at 8 a.m. THE CAUSE OF DEATH was as follows:

Weak heart muscle following pneumonia

(Duration) ... yrs. ... mos. ... ds.

 Contributory Facial neuralgia  
 (SECONDARY) (Duration) 15 yrs. ... mos. ... ds.

 (Signed) L. D. M. Whitaker, M. D.  
Feb. 10, 1915 (Address) Greenwell

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

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

In the Where was disease contracted, if not at place of death?

Former or usual residence

 PLACE OF BURIAL OR REMOVAL Liberty Co Va.
DATE OF BURIAL Feb. 10, 1915
 20 UNDERTAKER McMillan & Co.
ADDRESS Greenwell, Va.