

DELAY

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHState File No. 9755Registrar's No. 73Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Powderly, 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 Muhlenberg
(c) City or town Powderly, Ky
(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 America Brown3(b) If veteran, Name war A 3(c) Social Security No. _____4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced W

6(b) Name of husband or wife _____

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

7. Birth date of deceased April 18 - 1864
(Month) (Day) (Year)8. AGE: 81 11 8 If less than one day _____ min.9. Birthplace Ky

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Unknown
13. Birthplace _____MOTHER { 14. Maiden name Mary Stroman
15. Birthplace Ky16(a) Informant's own signature John Brown(b) Address Powderly, Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Old Bethel date 3-23 194618(a) Signature of funeral director Juchert and Stone(b) Address Central City, Ky19(a) April 3, 1946 Thomas Standford
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1946

21. I hereby certify that I attended the deceased from _____ 19____

to March 28 1946 and that death occurred on the date stated above at 4 Ave.

Immediate cause of death _____ DURATION _____

Due to Paralysis
subarachnoid hemorrhageSclerosisOther conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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? _____ (d) Manner of injury _____

23. Signature E. L. Yates (M. D. or other)Address Fremont, Ky Date signed 3-24-46

MARGIN RESERVED FOR BINDING

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.