

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Muhlenberg

Vol. Pat. _____

Registration District No. 870File No. 2553

Inc. Town _____

Primary Registration Dist. No. 2435Registered No. 2City Central City (No. _____)

St. _____

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

FULL NAME Clarence Edmund Brown

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>male</u>	2 COLOR OR RACE <u>white</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
4 DATE OF BIRTH <u>Dec 20 1913</u> (Month) (Day) (Year)		
7 AGE yrs. mos. ds.		If LESS than 1 day..... hrs, or..... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer).....		

9 BIRTHPLACE (State or country) Central City Ky

PARENTS	10 NAME OF FATHER <u>Lith Brown</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg City</u>
	12 MAIDEN NAME OF MOTHER <u>Mollie Hendrich</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg City</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. Stouffer(Address) Central City, Ky15 Filed Jan. 4, 1914 H. A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Jan 3 1914
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1913, to Jan 3, 1914, that I last saw him alive on Jan 2, 1914, and that death occurred, on the date stated above, at C.C.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

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

Contributory (SECONDARY)

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

(Signed) Clarence Stouffer, M. D.
....., 1914 (Address) Central City

*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, OR VISITANTS 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 Bremen, Ky DATE OF BURIAL Jan 5 1914

20 UNDERTAKER _____ ADDRESS _____