

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.

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 3953
Registrar's No. 36

Registration District No. 1085 Primary Registration District No. 7478

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Depoy
(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 Kentucky (b) County Muhlenberg
(c) City or town Depoy 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 Harry Lee Brown

3(b) If veteran, _____ 3(c) Social Security No. _____
Name war _____ No. _____

4. Sex Male 5. Color White 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Minnie E. Brown (Turner)

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

7. Birth date of deceased Jan 31 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Muhlenberg, Co.

10. Usual occupation Mining

11. Industry or business _____

FATHER { 12. Name Nathan Brown

13. Birthplace Ky.

MOTHER { 14. Maiden name America Stirman

15. Birthplace Ky

16(a) Informant's own signature Gilbert Brown

(b) Address Depoy Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Oak Grove Date Jan 25, 1941

18(a) Signature of funeral director Perker & Gary

(b) Address Greenville Ky.

19(a) Jan. 23 1941 (Date received by local registrar) (b) Jane Riedhauser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1941

21. I hereby certify that I attended the deceased from _____ 19____
to Jan 20 1941, that I last saw h. alive on Jan 21 19____, and that death occurred on the date stated above at 11-30 A.M.

Immediate cause of death Flu

DURATION:

Due to 33A

Other 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? _____ (e) Means of injury _____

23. Signature J C Wadham (M. D. or other)

Address Greenville Ky Date signed _____