

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County Madison

Vol. Pat. 1000

In. Town 110

City 110 (No. 110)

File No. 29671

Registered No. 1

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

FULL NAME Henry Edward Brown

WRITE PLAINLY WITH INK AND ONE-TWO IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

1 SEX M 2 COLOR OR RACE W. 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

4 DATE OF BIRTH Sept 18, 1914  
(Month) (Day) (Year)

7 AGE 0 yrs. 0 mos. 4 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) 110

PARENTS 10 NAME OF FATHER Henry Brown  
11 BIRTHPLACE OF FATHER (State or country) W. Va.  
12 MAIDEN NAME OF MOTHER Anna Miller  
13 BIRTHPLACE OF MOTHER (State or country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. E. Brown (Address) 110

15 Filed Oct 10, 1914 REGISTRAR 110

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Nov 2nd, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1914, to Nov 2nd, 1914, that I last saw h. in alive on Oct 2nd, 1914, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH\* was as follows:  
Maternal Child-borne  
Septicemia  
due to acute evolution of Mother's  
improperly bottle feeding  
(Duration) yrs. mos. ds.

Contributory (SECONDARY) Chloroform  
(Duration) yrs. mos. ds.  
(Signed) 110, M. D.  
110, 1914. (Address) 110

\*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 Frank's Graveyard DATE OF BURIAL 11-12-14 1914

20 UNDERTAKER C. H. Ramey ADDRESS 110

M. D. - 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. See instructions on back of certificate.