

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence during administration) a. STATE <u>Ky</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY (If outside corporate limits, write RURAL or TOWN) <u>Browder</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Browder Ky</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>At Home</u>		d. STREET ADDRESS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HETTIE</u> b. (Middle) <u>BROWN</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 25-1960</u>
5. SEX <u>F</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 13 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OO</u>	9. AGE (in years last birthday) <u>82</u> If Under 1 Year: Month _____ Day _____ If Under 24 Hrs.: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Nathan Harper</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Vincent</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT. <u>Jilly Harper</u>

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gastric adenocarcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	DUE TO (b)	
		DUE TO (c) <u>151X</u>	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerotic heart disease</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
21b. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION COUNTY STATE

22. I hereby certify that I attended the deceased from 6/18, 1959 to 9/25, 1960, that I last saw the deceased alive on 9/24, 1960, and that death occurred at 1:45 p.m. from the causes and on the date stated above.

23a. DATE SIGNED <u>3 Oct 60</u>	23b. ADDRESS <u>Central City Ky</u>	23c. SIGNATURE <u>J. J. Tull</u> (Degree or title) <u>MD</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/26</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Muhlenberg</u>
24d. LOCATION (City, town, or county) (State) <u>Greenwell Ky</u>	25a. DATE REC'D BY LOCAL REG. <u>10-4-60</u>	25b. REGISTRAR'S SIGNATURE <u>Mrs. Maryorie Haly</u>
25c. FUNERAL DIRECTOR <u>Funeral Home</u>	25d. ADDRESS <u>Greenwell, Ky.</u>	