

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

1 PLACE OF DEATH

County Muhlenberg

Vol. No. East 132 Registration District No. 871

Incl. Town..... Primary Registration District No. 7134

City..... (No. .... St. .... Ward)

2 FULL NAME Ira Virginia Brown

File No. .... 26806

Registered No. 78

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

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE White 5 MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH....., 1, ....., (Month) (Day) (Year)

7 AGE..... yrs..... mos. 1 0 ds. IF LESS than 1-day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work..... None (b) General nature of industry, business or establishment in which employed (or employer).....

9 BIRTHPLACE (State or country) Indiana

10 NAME OF FATHER Ira Brown

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Ade Duke

13 BIRTHPLACE OF MOTHER (State or country) .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Inferment)..... James W. Brown (Address)..... Lucy, Ky.

15 Filed 10/7, 1914, V.H. Granichin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH October 7, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1914, to Oct 6, 1914, that I last saw her alive on Oct 6, 1914, and that death occurred on the date stated above at 1 a.m. The CAUSE OF DEATH\* was as follows:

Pneumonia

Contributory (SECONDARY)..... none (Duration)..... yrs..... mos..... ds.

(Signed)..... E. R. Yost, M. D. 10/7, 1914 (Address)..... Greenville, Ky.

\*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 Cave Brown DATE OF BURIAL Oct. 7, 1914

20 UNDERTAKER Oren L. Roark ADDRESS Greenville, Ky.

WRITE PLAINLY IN INK--THIS IS A PERMITS RECORD  
 B. B.--Every item of information should be stated EXACTLY. PRINT NAMES should state CAUSE OF DEATH in full. OCCUPATION is very important. See instructions on back of certificate.  
 READER RESERVED FOR BINDING