

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **28688**

1 PLACE OF DEATH

County MadisonVet. Pct. 16 Registration District No. 243Inc. Town..... Primary Registration District No. 16

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

Registered No.....

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

2 FULL NAME James Edward Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word)6 DATE OF BIRTH July 20 1923
(Month) (Day) (Year)7 AGE 1 yrs. 3 mos. 22 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) Ky10 NAME OF FATHER Abraham Brown11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Maynard Moore13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest Spinks(Address) Madison Ky15 Filed..... 192 Ernest Spinks Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 13 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar 13 1924, to Jul 13 1924, that I last saw him alive on Jul 11 1924, and that death occurred on the date stated above at 7 P.M.

The CAUSE OF DEATH* was as follows:

Eastern Plethoria(Duration) yrs. mos. 13 ds.

Contributory (Secondary).....

(Duration) yrs. mos. ds.

(Signed) J. E. Spinks, M. D.
11-13-24 (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, Transients or Recent Residents)

at place..... 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 DATE OF BURIAL

20 UNDERTAKER ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated. STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.