

7529

Form V. S. 1-22-1-4-2
1 PLACE OF DEATHCOMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

County WooldenbergRegistered No. 1

Vol. No. _____

Registration District No. 1087

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

Inc. Town _____

Primary Registration District No. 455City Central City Ky.

(No. _____ St. _____ Ward)

2 FULL NAME Luther Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 Single married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Aug 8, 1898
(Month) (Day) (Year)7 AGE 36 yrs. 7 mos. 24 ds.
IF LESS than 1 day; _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER Joseph Baldwin Brooke11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Harriet J. Innes13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie M. Faulstich(Address) South Carrollton Ky.15 Filed 1/3, 1924 P. L. Bluffland Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH DELAY 1 - 1 - 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 1-1, 1924, to 1-1, 1924, that I last saw him alive on 1-1, 1924, and that death occurred on the date stated above at 10:30 a.m.
The CAUSE OF DEATH* was as follows:Homicidal

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. C. McNeil, M. D.
1-2, 1924 (Address) Central City 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 _____ 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

South Carrollton Ky. Jan 3 - 1924

20 UNDERTAKER ADDRESS

Colburn & Anderson Central City Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

21. Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, as this it may be properly classified. A statement of OCCUPATION is very important. See instructions on back of certificate.