

DELAY

COMMONWEALTH OF KENTUCKY

State File No. **2356**
Registrar's No. **75**Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. **1085** Primary Registration District No. **7471**

1. PLACE OF DEATH:

(a) County **Muhlenberg**

(b) City or town **Fowderly (Rural)**
(If outside city or town limits, write RURAL)

(c) Name of hospital or Institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ky**

(b) County **Muhlenberg**

(c) City or town **Fowderly (Rural)**
(If outside city or town limits, write RURAL)

(d) Street No. **East Rogges**
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME **Minnie Elizabeth Brown**

3(b) If veteran, _____ 3(c) Social Security No. _____

4. Sex **female** 5. Color or race **white** 6(a) Single, widowed, married, divorced **widowed**6(b) Name of husband or wife **Harry Lee Brown**

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased **Mar 2 1893**
(Month) (Day) (Year)8. AGE: Years **32** Months **9** Days **28** If less than one day hr. _____ min.9. Birthplace **Muhlenberg Co**10. Usual occupation **housekeeper**

11. Industry or business _____

FATHER { 12. Name **Elsworth Turner**13. Birthplace **Muhlenberg Co**MOTHER { 14. Maiden name **Zora Morris**15. Birthplace **Muhlenberg Co**16(a) Informant's own signature **Gilbert Brown**(b) Address **Depos Ky**

17. BURIAL, CREMATION, OR REMOVAL

Place **Oak Grove (Depos)** Date **Jan 12, 1946**18(a) Signature of funeral director **J. I. Lin Harry**(b) Address **Greenville Ky**19(a) **1-2-46** (Date received by local registrar) (b) **Mrs. Marjorie Hodge** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **Dec. 30 1940**21. I hereby certify that I attended the deceased from **1942**
to **Oct 30 1945** that I last saw him alive on **Oct 20 1945** and that death occurred on the date stated above at **3-P. M.**Immediate cause of death **Cerebral Paralysis**

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature **E. J. Selt** (M. D. or other)Address **Greenville Ky** Date signed **1-1-46**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.