

STATE OF DEATH

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 13551County MuhlenbergVet. Pot. Post-dutyRegistration District No. 1099

Registered No. _____

Inc. Town _____

Primary Registration District No. 6629

City _____

(No. _____ St. _____ Ward _____)

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

2 FULL NAME R B Brown

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH _____
(Month) (Day) (Year)7 AGE 52 yrs. 8 mos. 12 ds. IF LESS than 1
day _____ hrs
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Miner
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) Muhlenberg Co Ky
(State or country)PARENTS
10 NAME OF FATHER J B Brown
11 BIRTHPLACE OF FATHER (city or town) Muh. Co Ky
(State or country)
12 MAIDEN NAME OF MOTHER America J. McDonald
13 BIRTHPLACE OF MOTHER (city or town) Muh.
(State or country)14 (Informant) W. M. Brown
(Address) Central City Ky15 Filed 6/1/28 W. H. Giliffe,
Wells Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 22, 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
April 5 1928 April 20, 1928
that I last saw him alive on April 20, 1928
and that death occurred on the date stated above at 110 m.
The CAUSE OF DEATH* was as follows:Pneumonia(Duration) 1 yrs. _____ mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) R. G. Gygabrit, M. D._____, 19____ (Address) Greenwell Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

20 UNDERTAKER _____ ADDRESS _____

M B McDonald Greenwell Ky

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

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REPRODUCED FROM BIRTHS