

## 1 SEAL OF DEATH

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

27640

File No. \_\_\_\_\_  
Registered No. 65

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

County Franklin

Vet. Pat. \_\_\_\_\_

Registration District No. 1087Inc. Town Central CityCounty Registration District No. 2435

City \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2 FULL NAME Sam Brown

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married  
Married Ann  
Widowed Ann  
or Divorced  
(Write the word)6 DATE OF BIRTH Dec 23 1842  
(Month) (Day) (Year)7 AGE 82 yrs., 9 mos., 17 ds. IF LESS than 1 day or \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION (a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER Thomas Brown11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Bethie Shorthard13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Brown  
(Address) Central City15 Filed 17/18 1925 - 1087 2435  
Registrar Ray Anderson

11-3194

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 10th, 1925  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 9-15, 1925, to 10-6, 1925, that I last saw him live on 10-6, 1925, and that death occurred on the date stated above at 5 p.m.

The CAUSE OF DEATH\* was as follows:

Infarct Myocardium(Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) 7-7-25 \_\_\_\_\_ M. D.  
10-10, 1925 (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 of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Deborah of Allenton DATE OF BURIAL 10/11, 192520 UNDERTAKER Ray Anderson ADDRESS Central City

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD

A. 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.