

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County MuhlenbergVol. 9 Fol. 7122Ino. Town Bremen

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

Registration District No. 2Primary Registration District No. 2File No. 2550Registered No. 3210

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

FULL NAME Susan Mary Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH December 1, 1933
(Month) (Day) (Year)

7 AGE 80 yrs. 1 mos. 18 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Nothing
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co., Ky.

10 NAME OF FATHER Louis Wiggins

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co., Ky.

12 MAIDEN NAME OF MOTHER Betsy Kitzinger

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co., Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James S. Dick
(Address) Bremen Ky.

15 Filed Jan 18, 1914 M. C. Gandy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 18, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1912, to Jan 18, 1914, that I last saw her alive on January 17, 1914, and that death occurred on the date stated above at 2:00 p.m. The CAUSE OF DEATH* was as follows:

Mitral regurgitation
bronchial asthma
and Bright's disease
(Duration) 4 yrs. 5 mos. 19 ds.

Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds.

(Signed) Wm. C. Massey, M. D.
Jan 18, 1914 (Address) Bremen 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 of death..... 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 Gish Cemetery DATE OF BURIAL Jan 18, 1914

20 UNDERTAKER B. Stuart ADDRESS Bremen Ky.