

PLACE OF DEATH

County Jefferson

Vol. Fot.

Inc. Town.

City LouisvilleFULL NAME William E. BrownCommonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
530Registration District No. 2275

Primary Registration District No.

(No. City Hospital St.)File No. 30567Registered No. 3988

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married6 DATE OF BIRTH Sept 17, 1860
(Month) (Day) (Year)7 AGE 57 yrs. 2 mos. 13 ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. Sales Agent
(b) General nature of industry, business or establishment in which employed (or employer) F. Adams supply co.9 BIRTHPLACE (State or country) Parisaisi, Ky.10 NAME OF FATHER Jared Brown11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Olive Vickers.13 BIRTHPLACE OF MOTHER (State or country) do not know.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. K. Brown
(Address) Paradise, Ky.Dec 7 1917
Filed 6:10 W. H. DePuy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 30, 1917
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1917, to Nov 30, 1917, that I last saw him alive on Nov 30, 1917, and that death occurred on the date stated above at 7 pm. The CAUSE OF DEATH* was as follows:Fracture base of skull.

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

Contributory Auto Accident

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

(Signed) Wm. S. Samuelsen, M. D.
12-1-1917 (Address) Acting Coroner

*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 2 hrs 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 2325 BurnettPLACE OF DEATH (If not at place of death)
Backport, Ky.DATE OF BURIAL Dec 2, 1917ADDRESS del. C. Cralle
600 Wash