FORM V S 1 500M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenburg

Vot. Pct. #3

Inc. Town Central City

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

Registration District No. 870

Primary Registration District No. 2435

File No. 13821

Registered No. 34

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

2 FULL NAME C L Browning

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Feb (Month) 16 (Day), 1861 (Year)

7 AGE 55 yrs. 3 mos. 11 ds.

IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry business or establishment in which employed (or employer) Check Weighman

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

PARENTS

10 NAME OF FATHER Anderson Browning

11 BIRTHPLACE OF FATHER (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Catherine Whitmer

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John M. Ryan

(Address) Central City

15 Filed Jun 9, 1916 A. L. Blandford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 28 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1916, to May 28, 1916, that I last saw him alive on May 28, 1916, and that death occurred on the date stated above at 6 A.M. The CAUSE OF DEATH* was as follows:

Malarial Fever &
Bronchitis

(Duration) ... yrs. ... mos. 10 ds.

Contributor (SECONDARY) Chronic Gastritis

(Duration) 5 yrs. ... mos. ... ds.

(Signed) J. P. Walton, M.D.

May 28, 1916 (Address) Central City 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 Boiar Creek Cemetery

DATE OF BURIAL May 29, 1916

20 UNDERTAKER Martin Moore

ADDRESS Central City Ky

11—3184

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 [illegible] OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH