

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

PLACE OF DEATH
County Wickliffe
Vot. Bremen Registration District No. 2192
Ino. Town Bremen 14 Primary Registration District No.
City (No. St., Ward)

File No. **5879**Registered No. **25**

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

FULL NAME T. Marion Browning

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widow</u>
6 DATE OF BIRTH <u>March 9, 1845</u> (Month) (Day) (Year)		
7 AGE <u>74</u> yrs. <u>11</u> mos. <u>14</u> ds.		IF LESS than 1 day ... hrs. or ... mts.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer)		

9 BIRTHPLACE (State or country) <u>Ky</u>	
PARENTS	10 NAME OF FATHER <u>Calvin Browning</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>
	12 MAIDEN NAME OF MOTHER <u>Sarah Knowlton</u>
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Woodburn
(Address) Midland, Ky

15 Filed Feb 24, 1920 H. C. Grunley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Feb. 23, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from Jan. 1919, to Feb. 23, 1920,
that I last saw him alive on Feb. 22, 1920,
and that death occurred on the date stated above
at 6 P.M. The CAUSE OF DEATH was as follows:
Tuberculosis of Lungs
.....
(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Signed) J. C. Woodburn, M. D.
Feb. 23, 1920 (Address) Midland, 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
Charley Chapel

20 UNDERTAKER
J. B. Tucker

DATE OF BURIAL
Feb. 24, 1920

ADDRESS
Bremen 14