

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

P. 3548

PLACE OF DEATH  
County Franklin  
Reg. Dist. No. 270  
Vot. Prec. 18  
Ino. Town Central City Ky Primary Registration District No. 2435  
City Franklin No. 190 St. Pearce Ward Browning  
FULL NAME Franklin Pearce Browning

File No. \_\_\_\_\_  
Registered No. 6

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male  
4 COLOR OR RACE White  
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow

16 DATE OF DEATH January 27, 1919  
(Month) (Day) (Year)

6 DATE OF BIRTH November 13, 1854  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 9<sup>th</sup>, 1919, to Jan 27, 1919, that I last saw him alive on Jan 9, 1919, and that death occurred on the date stated above at 2 A.m. THE CAUSE OF DEATH\* was as follows:

7 AGE 64 yrs. 2 mos. 14 ds.  
IF LESS than 1 day... hrs. or... min.?

Influenza  
apoplexy.  
(Duration) yrs. mos. ds.

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

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

9 BIRTHPLACE (State or country) Kentucky

(Signed) J. P. H. Patton, M. D.  
Jan 27, 1919 (Address) Central City Ky

10 NAME OF FATHER Jim Browning

\*Strike the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

11 BIRTHPLACE OF FATHER (State or country) Mo

13 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  
At place of death... yrs. mos. ds. State... yrs. mos. ds.

12 MAIDEN NAME OF MOTHER Phyllis Ann

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

13 BIRTHPLACE OF MOTHER (State or country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) D. E. McGowan  
(Address) Central City Ky

19 PLACE OF BURIAL OR REMOVAL Bears Creek Church DATE OF BURIAL 1-28, 1919

15 Filed 2-10, 1919 H. L. Blankenship  
REGISTRAR

20 UNDERTAKER Martin Moore ADDRESS Central City Ky

N. B.—Every item of information should be carefully supplied. AGE should be stated 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.