

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23072

File No. _____

Registered No. 97

PLACE OF DEATH _____
County Muhlenberg
Vet. Pat. Miss. Registration District No. 1093
Inc. Town _____ Primary Registration District No. 6852
City Cheneyville, Ky. (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jesse Browning(a) Residence. No. _____ St., _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Sept 2, 19247. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) _____

13. NAME J. D. Browning14. BIRTHPLACE (city or town) (State or country) Ky.15. MAIDEN NAME Cara Crick16. BIRTHPLACE (city or town) (State or country) Ky.17. INFORMANT (Address) J. D. Browning18. BURIAL CREMATION, OR REMOVAL Place Muhlenberg Date 9/7/2519. UNDERTAKER (Address) Wheeler20. FILED 9-7, 1935 88 County Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/6, 193522. I HEREBY CERTIFY, That I attended deceased from 9-19, 1935 to 9-5, 1935I last saw he alive on 9-5, 1935. Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance in order of onset, were as follows:

Typhoid fever

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1935

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. D. Browning, M. D.(Address) Browning

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully furnished. 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 form.

MARGIN RESERVED FOR BINDER