

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

12625

1 PLACE OF DEATH

County FranklinVol. Pot. Bremen 81

Ino. Town.....

City.....

Registration District No. 1086Primary Registration District No. 6814

(No.)

St.,

Ward)

File No.

Registered No. 81

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

2 FULL NAME.....

John Browning

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

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

Married

6 DATE OF BIRTH

November

(Month)

1

(Day)

1946

(Year)

7 AGE

77 yrs. 6 mos. 14 ds.

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

8 OCCUPATION

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

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

George Browning

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

Elizabeth Fauder

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. P. Browning
(Address) Bremen Ky.

15

Filed..... 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 15, 1946
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased

from 1-7-1946 to 5-15-46that I last saw him alive on 5-14-1946and that death occurred on the date stated above at 7:50 a.m. The CAUSE OF DEATH* was as follows:Acute myocardia..... (Duration) yrs. mos. 17 ds.

Contributory (SECONDARY)

Myocardia
..... (Duration) 3 yrs. mos. ds.

(Signed).....

W. M. O. O. R., M. D.
5-15-46 (Address) Bremen Ky.*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)At place In the State.....
of death..... yrs. mos. ds. State..... yrs. mos. ds.
Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Brier Creek

DATE OF BURIAL

May 16, 1946

20 UNDERTAKER

J. A. Tucker and Bremen Ky.

ADDRESS

M. 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. Instructions on back of certificate.