

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

22722

1 PLACE OF DEATH

County MadisonVol. No. Remedy 16Registration District No. 960Inc. Town RemedyPrimary Registration District No. 503

City _____

St. _____

Ward _____

2 FULL NAME

Randolph Clark Bryant

File No. _____

Registered No. 22

(If death occurred in a hospital or institution, give its NAME (number of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------|--|---|
| 3 SEX | 4 COLOR OR RACE | 5 Single Married Widowed or Divorced (Write the word) |
| 6 DATE OF BIRTH | <u>Aug 14</u> | 19 <u>24</u> |
| 7 AGE | <u>78</u> yrs. <u>2</u> mos. <u>25</u> ds. | IF LESS than 1 day hrs. or min? |

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

9 BIRTHPLACE (State or country) Shelby Co. Kentucky

10 NAME OF FATHER R. O. Bryant

11 BIRTHPLACE OF FATHER (State or country) Shelby Co. Ky

12 MAIDEN NAME OF MOTHER Mary Anne Taylor

13 BIRTHPLACE OF MOTHER (State or country) Shelby Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mamie Atman
(Address) Lebanon 14

Filed 11-10, 1922 R. O. Little

Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 31 1927
(Month) (Day) (Year)
17 I HEREBY CERTIFY, that I attended deceased from Oct 27, 1927, to Oct 30, 1927, that I last saw him alive on Oct 29, 1927, and that death occurred on the date stated above Oct 31, 1927.

The CAUSE OF DEATH^o was as follows:Old age

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) General debility

(Duration) _____ mos. _____ ds.

(Signed) R. O. Little, M. D. (Address) Lebanon

*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. State _____ yrs. _____ mos. _____ ds. Where was disease contracted,

If not at place of death?

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Inland Kentucky Nov 1, 1922

20 UNDERTAKER ADDRESS

R. O. Little Lebanon Ky

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
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. See instructions on back of certificate. Very important.