

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

23274

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *E. Rogers*

Ino. Town

City

Registration District No. *971*

Primary Registration District No. *2198*

(No. *P*)

St.,

File No. ....

Registered No. ....

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

2 FULL NAME *Browder Martin Cessna*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Jan. 28, 1914*  
(Month) (Day) (Year)

7 AGE *6* yrs. *7* mos. *13* ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Muhlenberg Co Ky*

10 NAME OF FATHER *T.R. Cessna*

11 BIRTHPLACE OF FATHER (State or country) *Mich Co Ky*

12 MAIDEN NAME OF MOTHER *Edmons Murphy*

13 BIRTHPLACE OF MOTHER (State or country) *Logan Co Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *T.R. Cessna*  
(Address) *Greenville Ky*

15 Filed *9/11 20* *OB* *Wickliffe* *Messers* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 10, 1920*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Sept 1, 1920*, to *Sept 10, 1920*, that I last saw him alive on: *Sept 20, 1920*, and that death occurred on the date stated above at *10 P.M.* The CAUSE OF DEATH\* was as follows:  
*Acute Enterocolitis*

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.  
(Signed) *Chandler Wilson*, M. D.  
*Sept 10, 1920* (Address) *Greenville 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. State ... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Cessna Bk.* DATE OF BURIAL *Sept 11, 1920*

20 UNDERTAKER *M Donald Edwith* ADDRESS *Greenville*

MARGIN RESERVED FOR BINDING

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 readily justified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.