

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

1 PLACE OF DEATH  
County... *Muhlenberg*  
Vol. No. *No. 2*  
Inc. Town... *Bremen*  
City... (No. .... St., .... Ward)

Registration District No. *27122*  
Primary Registration District No. *2*

File No. *26799*  
Registered No. *17*

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

2 FULL NAME... *Andrew Jackson David*

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH *May 1, 1833*  
(Month) (Day) (Year)

7 AGE *81 yrs. 3 mos. 17 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) *Indiana*

PARENTS

10 NAME OF FATHER *don't know*

11 BIRTHPLACE OF FATHER (State or country) *don't know*

12 MAIDEN NAME OF MOTHER *don't know*

13 BIRTHPLACE OF MOTHER (State or country) *don't know*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *H. G. Shaver*  
(Address) *Bremen, Mo.*

15 *Filed Oct 19, 1914*  
*M. G. ...*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH *Oct 17, 1914*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct 11, 1914* to *Oct 16, 1914*, that I last saw him alive on *Oct 15, 1914*, and that death occurred on the date stated above at *6:00* a.m. The CAUSE OF DEATH\* was as follows:  
*Mental. Regurgitation of blood.*

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

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.  
(Signed) *J. C. Woodburn*, M. D.  
*Oct 17, 1914* (Address) *Bremen, Mo.*

\*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. In the State... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death? ...  
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL *Sacramento, Ky* DATE OF BURIAL *October 19, 1914*

20 UNDERTAKER *J. B. Tucker* ADDRESS *Bremen, Ky*

NAME RESERVED FOR INDEX

WRITE PLAIN WITH SPARING INK--THIS IS A FREE TEST RECORD

U. S.—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 fully understood. Exact diagnosis of OCCUPATION is very important. See instructions on back of certificate.