

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAIN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. 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 certificate.

Form V, V. B. 1-A-75m-3-30-33

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

2062

File No. _____
Registered No. 79

1. PLACE OF DEATH
County Muhlenburg
Vot. Precinct Depoy
Incorporated Town Depoy
City _____

Registration District No. 1093
Primary Registration District No. 6836

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Bradley Charles

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced (write the name of (or) WIFE of) My wife Charles

6. DATE OF BIRTH Dec 16 1863

7. AGE Years Months Days If LESS than 1 day..... hrs. or min.
72 8 24

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE Muhlenburg

13. NAME Bradley Charles

14. BIRTHPLACE Dont know

15. MAIDEN NAME Mary Weir

16. BIRTHPLACE Dont know

17. INFORMANT Prostitute Harris
(Address) Depoy

18. BIRTHPLACE Dont know

19. BURIAL, CREMATION, OR REMOVAL Place Unity Date 9/12 1935

20. UNDERTAKER W. G. ...

20. F. I. (Address) Greenville, Ky.

FILED 2-11-35 W. G. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935 to Sept 10, 1935
I last saw deceased on Sept 9, 1935 death is said to have occurred on the date/stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset, were as follows:

Prostatitis

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 _____ 19____
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? Yes If so, specify _____

(Signed) B. G. Argabrite, M. D.
(Address) Greenville, Ky.