

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

*Walton*

20859

1 PLACE OF DEATH

County *Muhlenberg*

File No. \_\_\_\_\_

Vot. Pct. \_\_\_\_\_ Registration District No. *1087*

Registered No. \_\_\_\_\_

Inc. Town *Central City* Primary Registration District No. *of 35*

City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give the NAME instead of street and number)

2 FULL NAME *Isaac H. Brentress*

(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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M.* 4 COLOR OR RACE *W* 5 Single Married Widowed or Divorced (Write the word) *M*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH *June 23 - 1849*  
(Month) (Day) (Year)

7 AGE *85* yrs. *1* mos. *10* ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work *Farmer* (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) *Ky.* (State or country)

PARENTS 10 NAME OF FATHER *Isaac Brentress* 11 BIRTHPLACE OF FATHER (city or town) *Ky* (State or country) 12 MAIDEN NAME OF MOTHER *Mary Ann Finley* 13 BIRTHPLACE OF MOTHER (city or town) *Ky* (State or country)

14 (Informant) *A. Bennett* (Address) *Central City, Ky*

15 Filed *8/13*, 19*34* *A. L. Blandford* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Aug 12*, 19*34*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Aug 5*, 19*34*, to *Aug 12*, 19*34* that I last saw him alive on *Aug 12*, 19*34* and that death occurred on the date stated above at *5:15 P.M.* The CAUSE OF DEATH\* was as follows:

*Dependent*  
*12 1/2 yrs*  
Contributory *Chronic Myo. Carditis* (Secondary) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED If not at place of death? \_\_\_\_\_ Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_ (Signed) *John P. Walton*, M. D. *Aug 13 1934* (Address) *Central City, Ky*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL *Shovers Chapel* DATE OF BURIAL *Aug 13 1934*

20 UNDERTAKER *J. B. Fisher* ADDRESS *Bremen 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 text that it may be properly classified. Exact nature of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BLENDING