

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

FORM V B 1-ROOM 2-9-12

Commonwealth of Kentucky

 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Vol. Pot.

Inc. Town

City

FULL NAME

Primary Registration District No.

(No.

St.

Ward)

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>
6 DATE OF BIRTH <i>8 16 1918</i> (Month) (Day) (Year)		
7 AGE <i>11</i> yrs. <i>3</i> mos. <i>3</i> ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <i>None</i>		
9 BIRTHPLACE (State or country) <i>Ky.</i>		
PARENTS	10 NAME OF FATHER <i>Richard Brown</i>	
	11 BIRTHPLACE OF FATHER (State or country) <i>Ky.</i>	
	12 MAIDEN NAME OF MOTHER <i>Ruth Groves</i>	
13 BIRTHPLACE OF MOTHER (State or country) <i>Ky.</i>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

*7/13/18**J. O. Chesser*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17

 I HEREBY CERTIFY, That I attended deceased from *2/11/18*, 1918, to *7/13/18*, 1918, that I last saw him alive on *7/11/18*, 1918, and that death occurred on the date stated above at *3 1/2* p.m. The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs
(Duration)..... yrs. *6* mos. *16* ds.

Contributory (SECONDARY)

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

(Signed) *T. G. Stelme*, M. D.*7/16/18*, 1918 (Address) *Grubman*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE

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

*Yeagin Chappel**July 14, 1918*

20 UNDERTAKER

ADDRESS

*C. L. Craft**Grubman*