

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

1 PLACE OF DEATH  
County Muhlenburg

Vet. Pot. #4

Registration District No. 870

File No. ....

Ino. Town .....

Primary Registration District No. 2435

Registered No. 339

City .....

Central City

(No. Mary Susan Jarvis St., ..... Ward)

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

2 FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
(Write the word)

6 DATE OF BIRTH Nov 15, 1918  
(Month) (Day) (Year)

7 AGE 66 yrs. 3 mos. 11 ds. IF LESS THAN 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Greenville

PARENTS

10 NAME OF FATHER Thomas Brown

11 BIRTHPLACE OF FATHER (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Forehand

13 BIRTHPLACE OF MOTHER (State or country) Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Virgil Jarvis  
Central City Ky  
(Address)

15 Filed Feb 27, 1918 A. L. Blandford  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 26, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1918 to Feb 26, 1918 that I last saw h... alive on Feb 25, 1918 and that death occurred on the date stated above at 9 a.m. The CAUSE OF DEATH\* was as follows:

Bright's Disease

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

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) Clarence Woodburn, M. D.  
....., 191... (Address) Central City

\*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 Greenwood DATE OF BURIAL Feb. 28, 1918

20 UNDERTAKER Walter Moore ADDRESS Central City Ky.