

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File no. _____
Registered No. 40

PLACE OF DEATH

County Muhlenberg

Vot. Prec. North Boggs

Registration District No. 1093

Inn. Town _____

Primary Registration District No. 6833

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

2. FULL NAME Laurie M. Brown IF VETERAN, WHAT WART _____

(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 F 4. COLOR OR HAIR W. 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Mar 4. 1884

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
64 2 15

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

12. BIRTHPLACE Ky

13. NAME Laurie J. Brasher

14. BIRTHPLACE Ky

15. MAIDEN NAME Jane Bradley

16. BIRTHPLACE Ky

17. INFORMANT Brasher Brown
(Address) Greenwell Ky

18. BURIAL, CREMATION, OR REMOVAL House
Place House Date 5/28/38

19. UNDERTAKER Greenwell Funeral Home
(Address) Greenwell Ky

20. FILED 5-21-38 R.P. Coulter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 20, 1938

22. I HEREBY CERTIFY that I attended deceased from _____, 1934 to May 18, 1938

I last saw her alive on May 18, 1938, death is said to have occurred on the date stated above, at _____
The principal cause of death and related causes of importance in order of onset were as follows:

Genital Carcinoma Date of onset _____

Contributory causes of importance not related to principal cause: 41

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? _____ If so, specify _____

(Signed) E. J. Hatcher M. D.
(Address) Greenwell Ky

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIAN 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.