Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Hardeon

State File No. 23147

Registrar's No. 219

Registration District No. 1195 Primary Registration District No. 7471

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
(a) County Muhlenberg
(b) City or town Bremen (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Muhl
(c) City or town (If outside city or town limits, write RURAL)
(d) Street No. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Brenda Sue Roe

3(b) If veteran, Name war

3(c) Social Security No.

4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced S

6(b) Name of husband or wife

6(c) Age of husband or wife if alive Years

7. Birth date of deceased Dec 7 1942 (Month) (Day) (Year)

8. AGE: Years 10 Months Days If less than one day hr. min.

9. Birthplace Ky.

10. Usual occupation

11. Industry or business

FATHER 12. Name Archie Roe
13. Birthplace Ky.

MOTHER 14. Maiden name Velma Boggess
15. Birthplace Ky

16(a) Informant's own signature Mrs Archie Roe
(b) Address Bremen Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Kelo, Kentucky Date oct 15 1943

18(a) Signature of funeral director Dale Funeral Home
(b) Address Bremen Ky.

19(a) 10-13-1943 (Date received by local registrar) (b) Anna B. Standford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH oct 14 1943

21. I hereby certify that I attended the deceased from Oct 1 1943 to Oct 14 1943, that I last saw him alive on Oct 14 1943, and that death occurred on the date stated above at 1:05 M.

Immediate cause of death Bronchial Pneumonia DURATION 14 dys

Due to Iron Cane Burns

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (d) Means of injury

23. Signature J. T. Hargeson (M. D. or other)
Address Central City Ky Date signed 10-15-43