FORM V. S. 1-300 M. 10-15-19

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

File No. 13563

Registered No. 29

870
24 35

1 PLACE OF DEATH
County Mecklenburg
Vot. Pct. 8
Inc. Town
City Central City Ky (No. , St.; Ward)

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

2 FULL NAME O Walden Braun

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Do not know

6 DATE OF BIRTH: , 1 (Month) (Day) (Year)

7 AGE: About 42 yrs. mos. ds.
If LESS than 1 day hrs, or min.?

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

9 BIRTHPLACE (State or country): Do not know

PARENTS

10 NAME OF FATHER: Do not know
11 BIRTHPLACE OF FATHER (State or country): Do not know
12 MAIDEN NAME OF MOTHER: Do not know
13 BIRTHPLACE OF MOTHER (State or country): Do not know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed May 2, 1912 A. L. Blandford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 1, 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 191 , to , 191 , that I last saw h alive on , 191 , and that death occured, on the date stated above, at 8P m.

The CAUSE OF DEATH* was as follows:
Found dead in box car that came into Central City Ky on May 1 1912
Death according to Coroners Jury the result of gunshot wound
(Duration) yrs. mos. ds.

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

(Signed) C R Lewis Coroner M. D.
May 2, 1912 (Address) Greenville, Ky

*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: Nashville, Tenn. DATE OF BURIAL: May 191

20 UNDERTAKER ADDRESS

11—8184

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.