

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

26244

PLACE OF DEATH
County Bath
Vol. Fol. 5106
Inc. Town
City (No. 5106 St. Ward)

File No. 26244
Registered No. 5
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME George H. Brown

MARRIAGE RESERVED FOR BINDING WITH CERTAINING 1928-1929 IS A PERRMANENT RECORD

M. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS 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.

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white MARRIAGE STATUS married
(Single, Married, Widowed, or Divorced (Write the word))

DATE OF BIRTH Oct 30, 1878
(Month) (Day) (Year)

AGE 72 yrs. 17 mos. 17 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Rowan Co. Ky

PARENTS I. NAME OF FATHER H. Brown

II. BIRTHPLACE OF FATHER (State or country) Kentucky

III. MAIDEN NAME OF MOTHER Henrietta Payne

IV. BIRTHPLACE OF MOTHER (State or country) Kentucky

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Van Brown
(Address) Salt Lick, Ky

FILED 11-18, 1918 Salisbury REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17, 1918
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1918, to Nov 17, 1918, that I last saw her alive on Nov 17, 1918, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* was as follows:
Eosinophilia

(Duration) 1 yrs. 17 mos. 17 ds.

Contributory (Duration) 1 yrs. 17 mos. 17 ds.

(Signed) C. P. Jones, M. D.
Nov 18, 1918 (Address) Salt Lick, Ky

*INDICATE UNDER CAUSE OF DEATH, IF IS DUE TO VIOLATION OF LAWS, OR (1) SEVERE INJURY, AND (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

(IN) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death 1 yrs. 17 mos. 17 ds. In the State 1 yrs. 17 mos. 17 ds.

Where was disease contracted, if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL Jones Grove York DATE OF BURIAL 11-19-1918

UNDERTAKER Vincent C. Brown ADDRESS Salt Lick