

COMMONWEALTH OF KENTUCKY
State Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Bath

Vol. No. 578 4085

Registration District No. 15-2

Inc. Town _____

Primary Registration District No. _____

City _____

(No. _____ St. _____ Ward)

2 FULL NAME Mattie Myrae Brown

File No. _____

Registered No. _____

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

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
MAKING NECESSARY FOR RECORDS
M. 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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 Single married
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH Aug 2 1903
(Month) (Day) (Year)

7 AGE 66 yrs 3 mos 27 da
IF LESS than 1 day _____ hrs or _____ min?

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

9 BIRTHPLACE (State or country) Bath Co., Ky

10 NAME OF FATHER Alfred Myers

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Margaret Conner

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. C. P. Jones

(Address) Salt Lick

Filed 8-3 1925 M. S. C. Hagan Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Aug 2 1925
(Month) (Day) (Year)

15 I HEREBY CERTIFY, That I attended deceased from July 30, 1925, to July 30, 1925, that I last saw her alive on July 30, 1925, and that death occurred on the date stated above at 3:30 A.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) _____ yrs _____ mos _____ da.

Contributory (Secondary) hypertension

(Duration) _____ yrs _____ mos _____ da.

(Signed) C. P. Jones M. D.

Long 1923 (Address) Salt Lick, Ky

*When the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____ yrs _____ mos _____ da. in the _____ State _____ yrs _____ mos _____ da.

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

17 PLACE OF BURIAL OR REMOVAL Jones grave DATE OF BURIAL Aug 3, 1925

UNDERTAKER Mrs L. Vanhous Salt Lick