

MARGIN RESERVED FOR BINDING

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.

DELAY

COMMONWEALTH OF KENTUCKY
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 95
 Registrar's No. 70

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH:
 (a) County BATH
 (b) City or town SALT-LICK
 (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 BATH
 (c) City or town SALT-LICK KY
 (d) Street No. (If rural give precinct)
 (e) If foreign born, how long in U. S. A.?

3(a) FULL NAME DOROTHY ELLEN BROWN
 3(b) If veteran, Name war No. 3(c) Social Security No.

4. Sex FEMALE Color WHITE Hair BROWN Eyes BROWN

6(a) Name of husband or wife
 6(b) Age of husband or wife if alive
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: 14 Years 11 Months 9 Days If less than one day in.

9. Birthplace KENTUCKY
 10. Usual occupation Student
 11. Industry or business

FATHER
 12. Name EARL BROWN
 13. Birthplace KENTUCKY

MOTHER
 14. Maiden name JDA. McPARTY
 15. Birthplace KENTUCKY

16(a) Informant's own signature G. L. BROWN
 (b) Address SALT-LICK KY

17. BURIAL, CREMATION, OR REMOVAL
 Place JESUS CEM. Date DEC 24 1945

18(a) Signature of funeral director H. ...
 (b) Address SALT-LICK
 19(a) Date received by local registrar Jan - 2 - 1946 (b) Registrar's signature Miss Paul ...

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 22 1945
 21. I hereby certify that I attended the deceased from Oct 19 1945 to DEC 20 1945 that I last saw him alive on 19 and that death occurred on the date stated above at 10 A. M.
 Immediate cause of death Pneumonia DURATION

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations 1092
 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? (a) Name of injury
 23. Signature J. P. ... (b) Name of physician ...
 Address ... Date signed 12-29-45