

# Registrar of Vital Statistics

## Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

Form V. S. 1-125m-6-19-19

**COMMONWEALTH OF KENTUCKY**

2622

State Board of Health  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County Barren  
Vot. Pct. Roseville  
Inc. Town.....  
City..... (No. .... St., .... Ward)

Registration District No. 5085  
Primary Registration District No. 5

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

2 FULL NAME William Henry Brown

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX M 4 COLOR OR RACE W 5 Single  
Married  
Widowed  
or Divorced  
(Write the word)  
6 DATE OF BIRTH May 28  
(Month) (Day) (Year)  
7 AGE 77 yrs. .... mos. .... ds.  
IF LESS than  
day .... hrs.  
of .... min?

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

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER Harrison Brown

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Amanda Fitzpatrick

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Arthur Brown  
(Address) Glasgow R. 7

15 Filed June 23 1922  
G. B. Biggers Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH June 22 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 192..... to ..... 192..... that I last saw h..... alive on ..... 192..... and that death occurred on the date stated above at..... m.

The CAUSE OF DEATH\* was as follows:  
Heart stop  
(Duration) .... yrs. .... mos. 3 ds.

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

(Signed) R. C. [Signature], M. D.  
7/7 1922 (Address) Glasgow R. 7

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

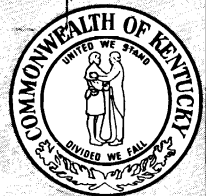
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
at place ..... In the  
of death .... yrs. .... mos. .... ds. State .... yrs. .... mos. .... ds.

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

19 PLACE OF BURIAL OR REMOVAL Mt Pleasant DATE OF BURIAL June 23 1922

20 UNDERTAKER W. J. Jordan & Co ADDRESS Glasgow

11-3184



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 17th day of Oct, 1924

Barbara F. White

Barbara F. White, State Registrar

MARGIN RESERVED FOR BINDING

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. EX statement of OCCUPATION is very important. See instructions on back of certificate.