

STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

746

1 PLACE OF DEATH  
*Metcalfe*  
Reg. No. *Summersburg Registration District No. 1067*  
2. Loc. Town *Summersburg* Primary Registration District No. *6721*  
3. Sex *M* (No. *6721* St. *2* Ward) [If death occurred in a hospital or institution, use its name instead of street and number.]  
4. FULL NAME *G. P. Brown (Taylor Reason)*

PERSONAL AND STATISTICAL PARTICULARS

5. SEX *Male* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *widow*  
8. DATE OF BIRTH *Dec 16, 1849* (Month) (Day) (Year)  
9. AGE *75* yrs. *2* mos. *2* ds. IF LESS than 1 day... hrs. or... min.?

10. OCCUPATION, TRADE, PROFESSION, OR SERVICE, KIND OF WORK, GENERAL NATURE OF INDUSTRY, NAME OF ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) *Stone mason, retired*

11. PLACE OF BIRTH (State or Territory) *Morgan Co., Ky.*

12. NAME OF FATHER *Charles Brown*

13. BIRTHPLACE OF FATHER (State or country) *Tenn.*

14. MAIDEN NAME OF MOTHER *Maria Wilson*

15. BIRTHPLACE OF MOTHER (State or country) *Ky.*

16. SIGNATURE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature) *Barlow Brown* (Address) *Bellevue, Ky.*

17. DATE OF DEATH *Mar 14, 1924* (Signature) *A. B. Mayfield* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *March 14, 1924* (Month) (Day) (Year)  
17. I HEREBY CERTIFY, That I attended deceased from *Aug 24, 1923* to *Feb 4, 1924*, that I last saw him alive on *Nov 4, 1923*, and that death occurred on the date stated above at *2 P.* m. The CAUSE OF DEATH\* was as follows:  
*Pulmonary Tuberculosis*  
(Duration) *9* yrs. *0* mos. *0* ds.

18. CONTRIBUTORY (Secondary) *Stroke* (Duration) *2* yrs. *0* mos. *0* ds.

(Signed) *E. C. Talbot* M. D. (Address) *Stade, Ky.*

19. SIGNATURE OF DEATH CERTIFICATE (Address) *Stade, Ky.*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDE.

20. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death... yrs... mos... ds. State... yrs... mos... ds.

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

21. PLACE OF BURIAL OR REMOVAL *Harvey Cemetery* DATE OF BURIAL *Mar. 16, 1924*

22. UNDERTAKER *White & McManis* ADDRESS *Summersburg*