

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

File No. \_\_\_\_\_  
 Registered No. 14

Form V. S. 1-A

**1. PLACE OF DEATH**

County METCALFE  
 City WILLOW SHADE

Registration District No. 1057

Inc. Town \_\_\_\_\_ Primary Registration District No. 6722

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

**2. FULL NAME** Smith BARLOW BROWN

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** MALE **4. COLOR OR RACE** White **5. Single, Married, Widowed or Divorced (write the word)** Single

**5a. If married, widowed, or divorced**  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_

**6. DATE OF BIRTH** 1877 9 1

**7. AGE** Years 60 Months 2 Days 1 If LESS than 1 day.....hrs. or.....min.

**8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.** FARMER

**9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.** \_\_\_\_\_

**10. Date deceased last worked at this occupation (month and year).** \_\_\_\_\_ **11. Total time (years) spent in this occupation.** \_\_\_\_\_

**12. BIRTHPLACE** Monroe Co. Ky

**13. NAME** Thomas Brown

**14. BIRTHPLACE** Monroe Co Ky

**15. MAIDEN NAME** Beatrice BARNES

**16. BIRTHPLACE** Cumberland Co Ky

**17. INFORMANT** Mrs. Mary Good  
 (Address) Summer Shade Ky

**18. BURIAL, CREMATION, OR REMOVAL**  
 Place Beaumont Date Nov 2, 1927

**19. UNDERTAKER** H. K. Murray  
 (Address) Summer Shade Ky

**20. FILED** Nov 2, 1927 W. H. M. Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** Nov 2, 1927

**22. WHEREBY CERTIFY**, that I attended deceased from about, 1920 to \_\_\_\_\_, 1920

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ death is said to have occurred on the date stated above, at 9 P. m. The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of face  
+ jaw  
52

**Contributory causes of importance not related to principal cause:** ✓

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**23. If death was due to external causes (violence) fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** no If so, specify \_\_\_\_\_

(Signed) J. M. Bowman, M. D.  
Summer Shade, Ky.  
Dr. Bowman

MARGIN RESERVED FOR BINDING

PRINT PLAINLY WITH SPACING INK—THIS IS A PERMANENT RECORD. Every item of information should be correctly spaced. 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.