

FORM V - 1 1908 2-19-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Boyd

Vol. Pot. Registration District No. 91 File No. 420

Ino. Town Primary Registration District No. 2046 Registered No. 20

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

2 FULL NAME Elizabeth M. Brayer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED married (Write the word)

6 DATE OF BIRTH not known (Month) (Day) (Year)

7 AGE about 37 yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER Acie Bellon

11 BIRTHPLACE OF FATHER (State or country) va

12 MAIDEN NAME OF MOTHER Martha H. H.

13 BIRTHPLACE OF MOTHER (State or country) va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jess M. Brayer (Address) Shen Ky

15 Filed Jan. 22 1916 Lana E. Dibble REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 31 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1-21, 1916, to 1-21, 1916, that I last saw him alive on 1-21, 1916, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows: Acute Staphylococci

(Duration) yrs. mos. ds.

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

(Signed) J. A. Shards M. D. (Address) 1-21, 1916 Ashland

*State the DISEASE CAUSE OF DEATH, or, in death 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 of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Newmanston DATE OF BURIAL 1-23, 1916

20 UNDERTAKER Morton Wood ADDRESS Ashland

SEARCH INDEXED FOR INDEXING

WRITE PLAINLY, WITH EMPHASIS. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.