

Brandenburg, Leonard 1921 - 1921

Form V. S. 1-12m-6-19-19

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Clark

2 FULL NAME Stillborn

Registration District No. 240

Primary Registration District No. 2120

City Winchester (No. Jurney St. _____ Ward)

File No. 1921-11340
Registered No. 2240

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>July 3</u> , 1921 (Month) (Day) (Year)	
6 DATE OF BIRTH <u>July 3</u> , 1921 (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from <u>July 3</u> , 1921, to <u>July 3</u> , 1921, that I last saw him <u>live</u> on <u>July</u> , 1921, and that death occurred on the date stated above at <u>4:30</u> a.m.	
7 AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?			The CAUSE OF DEATH was as follows: <u>Stillborn</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)			(Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Winchester Ky</u>			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>L. D. Brandenburg</u>		Signed <u>M. B. Caywood</u> , M. D. <u>July 3, 1921</u> (Address) <u>Winchester Ky</u>	
	11 BIRTHPLACE OF FATHER (State or country)		*State the Disease Causing Death, or, in deaths from Violence Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	12 MAIDEN NAME OF MOTHER <u>Anna Ashcraft</u>		18 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 _____	
13 BIRTHPLACE OF MOTHER (State or country) <u>Estill Co Ky</u>			19 PLACE OF BURIAL OR REMOVAL <u>Winchester</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Neuman H. Hall</u> (Address) <u>Winchester Ky</u>			DATE OF BURIAL <u>July 4, 1921</u>	
15 Filed <u>July 4, 1921</u> <u>Blay Shuckley</u> Registrar <u>Mrs. H. B. Clarke D. J.</u>			20 UNDERTAKER <u>Neuman H. Hall</u>	
			ADDRESS <u>Winchester Ky</u>	

11-3194

N. B.—Every item of information should be carefully supplied. Age, sex, race, and exact statement of OCCUPATION is very important. See instructions on back of certificate.