

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

2147

File No. _____

Registered No. 3

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

1 TRADE OF DEATH
County Madison
Vol. No. 432
Reg. Town Bromley Ky
City _____ Ward _____

Registration District No. 1089
Primary Registration District No. 4899

2 FULL NAME Charles Young

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced Married
(Write the word)

6 DATE OF BIRTH Sept 11 1901
(Month) (Day) (Year)

7 AGE 31 yrs. 4 mos. 19 ds. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Hopkins Co. Ky

PARENTS

10 NAME OF FATHER John Young

11 BIRTHPLACE OF FATHER (State or country) Hopkins Co Ky

12 MAIDEN NAME OF MOTHER Alice Faught

13 BIRTHPLACE OF MOTHER (State or country) Ohio Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Young
(Address) Bromley Ky

15 Filed 1-31 1926 J. K. Kimmel Registrar

11-6184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 30 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1/20/1926 to 1/30/1926, that I last saw alive on 1/30/1926, and that death occurred on the date stated above at AP m.

The CAUSE OF DEATH* was as follows:
Pneumonia & meningitis
(Duration) _____ yrs. _____ mos. 5 ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. A. Procter, M. D.
1/31/1926 (Address) Bromley

*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 _____ 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 Trinity (Catholic) DATE OF BURIAL Feb 1 1926
Bromley Ky

20 UNDERTAKER J. K. Kimmel ADDRESS Bromley

13957
10-23-36

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain statement of OCCUPATION is very important. See instructions on back of certificate.