

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19572

PLACE OF DEATH

County HickmanVot. Prec. Spring Hill

Inc. Town

City

(No. St.)

File No.

Registered No.

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

FULL NAME George W. Brazzell

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)DATE OF BIRTH July 2, 1882
(Month) (Day) (Year)AGE 75 yrs. 1 mos. 25 ds. If LESS than 1 day ... hrs. or ... min.?OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (State or country) Tenn.PARENTS
10 NAME OF FATHER Richard Brazzell11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Annie Evans13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. H. Beckler(Address) Clinton, Ky.

15

Filed, 191

REGISTRAR

11-6184

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 27, 1915
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 24, 1915, to July 27, 1915, that I last saw him alive on July 25, 1915, and that death occurred, on the date stated above, at 5 p.m. The CAUSE OF DEATH* was as follows:
Heart failure.....
.....
..... (Duration) ... yrs. ... mos. ... ds.Contributory (Secondary), (Duration) ... yrs. ... mos. ... ds.
(Signed) W. F. Beckler, M. D.
..... 191, (Address) Clinton, Ky.

*Write the DISEASE CAUSING 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 residence19 PLACE OF BURIAL OR REMOVAL Shiloh Cem. DATE OF BURIAL Aug. 28, 191520 UNDERTAKER Johnson-Peddie ADDRESS Clinton, Ky.

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

2. B.—Every item of information should be carefully supplied. 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.