

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

17986

1 PLACE OF DEATH
 County Muhlenberg
 Vol. Pat. Bremser A. 2.
 Inc. Town 1122
 City 2869 (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 93

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

3 FULL NAME Hellie (Wilma) Bremser

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married
 4 DATE OF BIRTH about March 15, 1888 (Month) (Day) (Year)
 7 AGE 62 yrs. 3 mos. 13 ds. 8 IF LESS than 1 day... hrs. or... min.?

9 OCCUPATION (a) Trade, profession, or particular kind of work. housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).

10 BIRTHPLACE (State or country) Muhlenberg Co Ky

PARENTS
 11 NAME OF FATHER James K. Wilkins
 11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky
 12 MAIDEN NAME OF MOTHER Nancy Annell
 13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Bessie Wilkins
 (Address) Bremser St

15 Filed June 29, 1917 W. G. Grundy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH June 28, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1917, to June 28, 1917, that I last saw her... alive on June 28, 1917, and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs
 (Duration) 1 yrs. 2 mos. 0 ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) C. R. Robertson, M. D.
June 29, 1917 (Address) Bremser St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL
 (10) 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 Charles Chapel DATE OF BURIAL June 29 1917
 20 UNDERTAKER J. B. Tucker ADDRESS Bremser St