

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

9113

1 PLACE OF DEATH

County Martin

Vol. No. 2

Registration District No. 7122

Twp. Town

Primary Registration District No.

City

No. St. Ward

File No.

Registered No. 84

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

2 FULL NAME Phyllis C. Brumming

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED married (Write the word)

3 DATE OF BIRTH Mar 3 / 9 - 1855 (Month) (Day) (Year)

7 AGE 62 yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Martin Co Ky

10 NAME OF FATHER Wm Hester

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

12 MAIDEN NAME OF MOTHER Phyllis C. Brumming

13 BIRTHPLACE OF MOTHER (State or country) Martin Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. A. Moore

(Address) Princeton Ky

15 Mar 10 1917 M. C. Lyons Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 9 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1916, to Mar 4, 1917, that I last saw her alive on Mar 4, 1917, and that death occurred on the date stated above at 11 A.M. The CAUSE OF DEATH\* was as follows:

Arteriosclerosis  
Endocarditis  
(Duration)..... yrs..... mos..... ds.

Contributory (SECONDARY) (Duration)..... yrs..... mos..... ds.  
(Signed) J. C. Woodburn M. D.  
Mar 9, 1917. (Address) Martin Co Ky

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (SICHTS or RECENT RESIDENTS)

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.....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Charles Chapel Mar 10 1917

20 UNDERTAKER J. B. Tucker ADDRESS Princeton Ky