

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

PLACE OF DEATH **7122**  
County **Muhlenberg**  
Vol. Pat. **7122**  
Inc. Town **Bremen**  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. **7122**  
Primary Registration Dist. No. \_\_\_\_\_

File No. **20718**  
Registered No. **61**

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

FULL NAME **Alice Elzaria Bruce**

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH **August 27, 1912**  
(Month) (Day) (Year)

AGE **0** yrs. **0** mos. **0** ds. If LESS than 1 day 2 hrs. or min.?

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

BIRTHPLACE (State or country) **Near Bremen, Ky.**

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **August 27, 1912**  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from **Aug 27 11:30 P.M.**, 1912, to **Aug 27 7:50 P.M.**, 1912, that I last saw her alive on **Aug 27**, 1912, and that death occurred, on the date stated above, at **about 6 P.M.**

The CAUSE OF DEATH\* was as follows:  
**Premature birth**

PARENTS

10 NAME OF FATHER **Shelby Marshall Bruce**

11 BIRTHPLACE OF FATHER (State or country) **Muhlenberg Co. Ky.**

12 MAIDEN NAME OF MOTHER **Hattie Wilson**

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

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_

(Signed) **Wm. J. Maseven**, M. D.  
**Aug 28, 1912** (Address) **Bremen, Ky.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) **Edmer Wilson**  
(Address) **Bremen Ky.**

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (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 residence \_\_\_\_\_

15 PLACE OF BURIAL OR REMOVAL **Charles Chapel**

DATE OF BURIAL **Aug 28, 1912**

16 UNDERTAKER **George Vincent**

ADDRESS **Bremen Ky.**

Every item of information on this certificate is of vital importance. It should be filled out in plain language so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.