

1 PLACE OF DEATH

County MitchellburgVot. Pct. 32Inc. Town Drakesboro

City..... (No. St., Ward)

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. P 1089Primary Registration District No. 2437File No. 26262Registered No. 26262

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

2 FULL NAME Blarnee L Bruce

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word) Single6 DATE OF BIRTH Feb. 15, 1907
(Month) (Day) (Year)7 AGE 17 yrs. 8 mos. 19 ds. IF LESS than 1 day ____ hrs. or ____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Road Loader
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER R. E. Bruce11 BIRTHPLACE OF FATHER (State or country) Ny12 MAIDEN NAME OF MOTHER Yvonne Rager13 BIRTHPLACE OF MOTHER (State or country) Ny14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. E. Bruce(Address) Drakesboro Ny15 Filed 10-4, 1926 J. W. Kimmel Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 3, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 192....., to....., 192....., that I last saw h..... alive on....., 192....., and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH* was as follows:
Pistol Wound in the upper left Breast
Probable Home Wound
St. Stant (Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) R. M. Allen Coroner Brooksville, Ky
Oct 3, 1926 (Address) Brooksville, Ky

*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 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 Wright DATE OF BURIAL 9-4, 192620 UNDERTAKER J. W. Kimmel ADDRESS Drakesboro Ny

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.