

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

1 PLACE OF DEATH  
County Muhlenberg  
Vol. Pat. Central City, Ky.  
Ino. Town # 3  
City Near Bondy City, Ky. (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 10821

Registered No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

870  
2435

3 FULL NAME Jannie Bruce

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)  
DATE OF BIRTH April 11, 1897  
(Month) (Day) (Year)  
AGE 58 yrs. no. mos. 9 ds. If LESS than 1 day... hrs, or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg County, Ky.

10 NAME OF FATHER Abraham Drake Grundy

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

13 MAIDEN NAME OF MOTHER Jannie Hirdley

12 BIRTHPLACE OF MOTHER (State or country) Muhlenberg County, Ky.

14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
ant) Bert Hargrove,  
(Address) Central City, Ky.

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH April 20, 1915  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1915, to April 20, 1915, that I last saw her alive on April 16, 1915, and that death occurred, on the date stated above, at P.M.

The CAUSE OF DEATH\* was as follows:  
Organic Heart Disease

Contributory (SECONDARY) (Duration) 1 yrs. mos. ds.

(Signed) J. S. Taylor M. D.  
Date April 20, 1915 (Address) Central City, Ky.

\* CAUSE OF DEATH  
(1) MEANS OF INJURY (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

(3) 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 Goleman Graveyard DATE OF BURIAL April 21, 1915  
20 UNDERTAKER Martin Bruce ADDRESS Central City

F. of Feb. 21, 1915 A. L. J. Landrum  
REGISTERED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH CAREFUL PEN-TOO IS A PRECIOUS GOOD  
2. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.