

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

JURISDICTION OF DEATH  
County Muhlenberg  
Vol. Pat. East Register  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

871  
7132

File No. 5077

Registered No. \_\_\_\_\_

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

FULL NAME James Henry Bruce

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(If W the word)

DATE OF BIRTH Oct 25 1847  
(Month) (Day) (Year)

AGE 66 yrs. 3 mos. 8 ds. If LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min.?

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

BIRTHPLACE (State or country) Muhlenberg County

10 NAME OF FATHER Jim Bruce

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

12 MAIDEN NAME OF MOTHER Sarah Fish

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. H. Duval  
(Address) Chickadee 1. Greenville Ky

15 Filed 2/3 1915  
E. B. ... Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Feb 3 1915  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 22 1915 to Feb 2 1915, that I last saw him alive on Feb 2 1915, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Typhoid fever

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J. B. Slaton M. D. Feb 3 1915 (Address) Greenville

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL  
(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCIENTS OR RECENT RESIDENTS) \_\_\_\_\_ (Address) \_\_\_\_\_  
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 Green Grove DATE OF BURIAL 2/4 1915

20 UNDERTAKER Oren L. Roark ADDRESS Greenville Ky

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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