

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

20923

PLACE OF DEATH

County Martinburg

File No.

. Vet. Pat. Registration District No. 1087Registered No. 55Ino. Town Primary Registration District No. 2435City Centerville City Ky (No. 709 N. Fourth St., Ward) 1A

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

FULL NAME Mary Thomas Catherine Bruce

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

6 DATE OF BIRTH Jan, 1860
(Month) (Day) (Year)

7 AGE 67 yrs. 4 mos. 4 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Duncan

11 BIRTHPLACE OF FATHER (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (State or country) "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) None

(Address)

15 Filed 6-7, 1928 - A. L. Blauvelt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 4, 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928 to June 4, 1928, that I last saw h. or alive on June 7, 1928, and that death occurred on the date stated above at 4:40 p.m. The CAUSE OF DEATH* was as follows:

Embolic of Blood

..... (Duration) yrs. mos. ds.

Contributory Embolic of Blood
(SECONDARY)

..... (Duration) yrs. mos. ds.

(Signed) Spurgeon H. G. Brown, M. D.

6-4, 1928 (Address) Centerville 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 DATE OF BURIAL

MT Pisgah June 6, 1928

20 UNDERTAKER ADDRESS

J. D. Decker Bremen Ky