

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

PLACE OF DEATH
County Muhlenberg Co
Vol. No. 7136
In. Town Merced Station
City _____ (No. _____ St. _____ Ward _____)

File No. 27825
Registered No. 26
[If death occurred in a hospital or institution give its NAME instead of street and number.]

FULL NAME Mary Bruce

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
DATE OF BIRTH Sept-22-1930
(Month) (Day) (Year)

AGE 83 yrs. — mos. 13 ds. IF LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Pennona

PARENTS
10 NAME OF FATHER _____
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) Neal Conway
(Address) Merced Station

15 FILED 6-19-1913 Mrs. W. M. Hartman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct-9-1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 3-1913 to Oct 3-1913 that I last saw her alive on Oct 3-1913 and that death occurred, on the date stated above, at 7:20 m.

The CAUSE OF DEATH* was as follows:
Paralysis.

(Duration) _____ yrs. _____ mos. 6 ds.

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

(Signed) Harry H. Decker, M. D.
Oct 9, 1913 (Address) London, Ky.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(15) 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 Ender B Ground DATE OF BURIAL Oct 10, 1913

20 UNDERTAKER Martin D. Brown ADDRESS Centerville, Ky.

NOTE PLAINLY, WITH EMPHASIS THE THIS IS A PRELIMINARY REPORT. PHYSICIANS SHOULD STATE CAREFULLY COMPLETE. AGE SHOULD BE CHECKED EXACTLY. OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE OF CERTIFICATE.