

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4910

County MuhlenbergVot. Pct. HillsideRegistration District No. 102^s

File No.

Registered No.

Inc. Town. Primary Registration District No. 104City (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME. Sallie Ann Bruce

(a) Residence. No. St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH Jan 27, 86
(Month) (Day) (Year)7 AGE 69 yrs. 7 mos. 7 ds.
IF LESS than 1
day hrs.
or min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work Housekeeper
(b) General nature of industry,
business or establishment in
which employed (or employer)9 BIRTHPLACE (city or town)
(State or country) Ky

PARENTS	10 NAME OF FATHER <u>Mark Spinks</u>
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>unknown</u>
	12 MAIDEN NAME OF MOTHER <u>Louisa</u>
	13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 (Informant) Clarence Tucker
(Address) Hillside, Ky.15 Filed 2/5, 1930 G. B. Whitte
Registrar
G. B. Whitte

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 3, 1930
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Sept 15, 1929, to Feb 3, 1930,
that I last saw her alive on Feb 1, 1930,
and that death occurred on the date stated above at 11:00 m.
The CAUSE OF DEATH* was as follows:Chronic Subarachnoid Hemorrhage

(Duration) yrs. mos. ds.

Contributory Edema
(Secondary)

(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? NoWhat test confirmed diagnosis? No(Signed) J. C. Woodburn, M. D.Feb 4, 1930 (Address) Greenwell, Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL East Union DATE OF BURIAL Feb 5, 193020 UNDERTAKER Arthur L. Mosley ADDRESS Central City, Ky

WRITE PLAINLY. IN 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, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKING REPRODUCED FOR BUSINESS