

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

File No. _____

Registered No. 30833

1. PLACE OF DEATH
County Muhlenberg
Vet. Pat. W. Central City Registration District No. 1087
Ino. Town _____ Primary Registration District No. 2435
City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME W. L. 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>		
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____				
6. DATE OF BIRTH <u>Dec 18 1856</u>				
7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	<u>75</u>	<u>11</u>	<u>25</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Farmer</u>		
9. Industry or business in which work was done, as alkali mill, sawmill, bank, etc.				
10. Date deceased last worked at this occupation (month and year) <u>12-1-32</u>		11. Total time (years) spent in this occupation <u>all life</u>		

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE <u>Ky.</u>
13. NAME <u>Haywood Bruce</u>
14. BIRTHPLACE <u>Ky.</u>
15. MAIDEN NAME <u>Mary Brown</u>
16. BIRTHPLACE <u>Penn.</u>
17. INFORMANT <u>Rev. Hargrove</u> (Address) <u>C. C. R. T. #1</u>
18. BURIAL, CREMATION, OR REMOVAL Pla. <u>Columbus</u> Date <u>12-14 32</u>
19. UNDERTAKER <u>Arthur M. Moseley</u> (Address) <u>Central City</u>
20. FILED <u>12-4</u> , 19 <u>32</u> <u>A. J. Hargrove</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12-13, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. alive on _____, 19____, death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:Pneumonia Lobari. Date of onset 11-30-32Contributory causes of importance not related to principal cause:
Arteriosclerosis.Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) A. J. Hargrove, M. D.(Address) Central City

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.