

DEPARTMENT OF COMMERCE  
Bureau of the CensusDepartment of Health  
BUREAU OF VITAL STATISTICS

Registrar's No.

## CERTIFICATE OF DEATH

Registration District No.

1085

Primary Registration District No.

2869

1. PLACE OF DEATH

(a) County Muhlenberg

(b) City or town Bremen, Ky  
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Muhlenberg

(c) City or town Bremen, Ky  
(If outside city or town limits, write RURAL)

(d) Street No. \_\_\_\_\_  
(If rural give precinct)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

3(a) FULL NAME Mary Lucretia Gross

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security

Name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Fr. 5. Color or race W 6(a) Single, widowed, married, divorced W

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased 1861 - April 20  
(Month) (Day) (Year)8. AGE: Years 78 Months 11 Days 4 If less than one day \_\_\_\_\_ min.  
\_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Ky

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name James R. Gross13. Birthplace Ky14. Maiden name Millie Whitmer15. Birthplace Ky16(a) Informant's own signature Bob Lewis(b) Address Bremen, Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Bremen Cemetery Date 3-25-4018(a) Signature of funeral director J. B. Tucker(b) Address Bremen, Ky19(a) March 27, 1940 (Date received by local registrar) (b) James D. Bates (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 194021. I hereby certify that I attended the deceased from 1932to Jan 2, 1939, that I last saw him alive onJan 2, 1940, and that death occurred on the datestated above at 7:30 A.M.

Immediate cause of death \_\_\_\_\_

Edocarditis Chorea

DURATION

Due to RheumatismOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? in or about home, on farm, in industrial place,

in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury 963023. Signature J. Woodham (M. D. or other)Address Boeswells Ky Date signed 2-28-1940

MARGIN RESERVED FOR BINDING

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.