

Form V. S. 1-30m-24-24

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

File No. 2
Registered No. 2

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

1 PLACE OF DEATH
County Bremer
Vot. Prec. Bremen 52
Ine. Town
City

Registration District No. 1046
Primary Registration District No. 6813

(No. St. Ward)

2 FULL NAME Loucinde Grouchy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed Divorced
(Write the word)

6 DATE OF BIRTH March 19 1854
(Month) (Day) (Year)

7 AGE 73 yrs. 10 mos. 12 ds.
IF LESS than 1 day or min?

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

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Aska Shoud

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Elizabeth Plain

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Price Grouchy

(Address) Bremen Ky

15 Filed 2-9-1927 Ed Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 22 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Jan 22, 1927, that I last saw her alive on Jan 22, 1927, and that death occurred on the date stated above at 2:30 a.m.

The CAUSE OF DEATH was as follows:
Pneumonia

(Duration) yrs. mos. 4 ds.

Contributory (Secondary) Nephritis

(Duration) yrs. mos. ds.
(Signed) W. H. Moore, M. D.
1-23-1927 (Address) Sacramento 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 In the
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 DATE OF BURIAL
Shaver's Chapel 1-23 1927

20 UNDERTAKER ADDRESS
J. B. Tucker Bremen Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain words, so that it may be properly classified. It is statement of OCCUPATION is very important. See instructions on back of certificate.

MAKERS OBSERVED FOR RECORDS