

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

2188

PLACE OF DEATH
County Muhlenberg
Vol. Pat. Summers #144
Inc. Town _____
City _____ (No. _____ St.; _____ Ward)

File No. _____
Registered No. 7134
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Rufus Jervis

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)
AGE about 65 years If LESS than 1 day... hrs. or... min.?
OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business, or establishment in which employed (or employer)

BIRTHPLACE (state or country) Muhlenberg Co

PARENTS
10 NAME OF FATHER E. J. Jervis
11 BIRTHPLACE OF FATHER (State or country) W. Va. Mason
12 MAIDEN NAME OF MOTHER W. Va. Mason
13 BIRTHPLACE OF MOTHER (State or country) W. Va. Mason

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. B. Tucker
(Address) Bremen, Ky.

15 Filed 4/22, 1920 S. A. Stewart REGISTRAR
W. E. Munday

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 19, 1920
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from June 16, 1920 to June 19, 1920
that I last saw him alive on June 15, 1920
and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) _____ yrs. _____ mos. 8 ds.
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. H. Jervis M. D.
1-20-20 (Address) W. Va. Mason

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, and (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.
(1) 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 Bremen, Ky. DATE OF BURIAL July 1, 1920
20 UNDERTAKER J. B. Tucker ADDRESS Bremen, Ky.

U. S. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.