

Brungs, Thomas 1916 - 1916



FORM V - 1-1-1908 2-29-12  
 1 PLACE OF DEATH  
 County Madison Co  
 City Uniontown  
 2 FULL NAME Stella Dawn Brungs

Commonwealth of Kentucky  
 STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH  
 File No. 21142  
 Registered No. 723

Registration District No. 185  
 Primary Registration District No. 1240  
 (No. of Loc. of Holmes St., 4 Ward)

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 6 DATE OF BIRTH Aug 27, 1916  
 7 AGE 1 yrs. 1 mos. 1 ds. IF LESS than 1 day... hrs. or min.?

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

9 BIRTHPLACE (State or country) Uniontown, Ky

10 NAME OF FATHER Geo Brungs  
 11 BIRTHPLACE OF FATHER (State or country) Uniontown, Ky  
 12 MAIDEN NAME OF MOTHER Florence Deffner  
 13 BIRTHPLACE OF MOTHER (State or country) Frankfort, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Dr. ...  
 (Address) ...

15 Filed Aug 28, 1916 Registered ...

16 DATE OF DEATH Aug 28, 1916  
 17 I HEREBY CERTIFY, that I attended deceased from Aug 27, 1916, to Aug 28, 1916; that I last saw him alive on Aug 27, 1916; and that death occurred on the date stated above at ... m. The CAUSE OF DEATH\* was as follows:  
Respiratory Distress  
 (Duration) ... yrs. ... mos. ... ds.  
 Contributory (SECONDARY) ...  
 (Signed) ... M. D.  
 (Address) ...

\*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 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 Uniontown, Ky DATE OF BURIAL Aug 29, 1916  
 20 UNDERTAKER ... ADDRESS ...

11-3154