

Busse, Margaret Bruns 1843 - 1909

<p>[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]</p>		<p>CITY OF COVINGTON, KY.</p>		<p>[If death occurred at a Hospital or Institution give its NAME instead of street and number.]</p>	
<p>DEPARTMENT OF HEALTH</p>		<p>CERTIFICATE OF DEATH.</p>		<p>1909</p>	
<p>City of COVINGTON. (No. <u>#12 Augustin</u> Ward.) Registered No. <u>2459</u></p>		<p>No. <u>766</u> FULL NAME <u>Margaret Bruns</u></p>		<p>INCOMPLETE RECORDS WILL NOT BE RECEIVED BY THE HEALTH OFFICER.</p>	
<p>PERSONAL AND STATISTICAL PARTICULARS</p>			<p>MEDICAL CERTIFICATE OF DEATH</p>		
SEX	<p><u>Female</u></p>		COLOR	<p><u>White</u></p>	
DATE OF BIRTH	<p><u>Age 66</u></p>		DATE OF DEATH	<p><u>Oct 1</u> 190<u>9</u></p>	
AGE	<p><u>66</u> Years, <u>0</u> months, <u>0</u> days</p>		<p>I HEREBY CERTIFY, That I have attended deceased from <u>190</u> to <u>190</u></p>		
SINGLE, MARRIED, WIDOWED, OR DIVORCED	<p><u>Widowed</u></p>		<p>that I last saw h <u>alive</u> on <u>190</u></p>		
BIRTHPLACE (State or county)	<p><u>Germany</u></p>		<p>and that death occurred, on the date stated above, at <u>M. The CAUSE OF DEATH was as follows:</u></p>		
NAME OF FATHER	<p><u>Geo. Bruns</u></p>		<p><u>Organic Heart Disease</u></p>		
BIRTHPLACE OF FATHER (State or county)	<p><u>Germany</u></p>		<p>(DURATION) <u>0</u> DAYS</p>		
MAIDEN NAME OF MOTHER	<p><u>Bruns</u></p>		<p>Contributory <u>0</u> DAYS</p>		
BIRTHPLACE OF MOTHER (State or county)	<p><u>Germany</u></p>		<p>(Signed) <u>Dr. J. M. Mollay</u> M.D.</p>		
OCCUPATION	<p><u>Housewife</u></p>		<p>190 (Address) <u>Covington</u></p>		
<p>THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF</p>			<p>SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.</p>		
(Informant)	<p><u>W. Woodman</u></p>		<p>Former or Usual Residence <u>How long at Place of Death?</u> Days</p>		
(Address)	<p><u>Cov. Ky.</u></p>		<p>Where was disease contracted, If not at place of death?</p>		
Filed	<p>190<u>9</u></p>		<p>PLACE OF BURIAL OR REMOVAL <u>Wagon of Gods.</u> DATE OF BURIAL <u>Oct 1</u> 190<u>9</u></p>		
<p>Register</p>			<p>UNDERTAKER <u>Wm. E. Wood</u> ADDRESS <u>Cov. Ky.</u></p>		
<p>State Board of Health. Transportation by public conveyance of bodies of persons dead.</p>					

Last printed 8/11/2009 7:50 PM