

Bruin, Claude 1912 - 1912

FORM V. D. 1-200 W. 10-10-10

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

PLACE OF DEATH
County Scott Co
Vot. Prec. Paynes
Inc. Town
City (No. St. Ward)

File No. **14168**
Registered No. (If death occurred in a hospital or institution, give the NAME instead of street and number.)

FULL NAME Claude Bruin

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH April 14, 1912
(Month) (Day) (Year)

7 AGE 26 yrs. 26 mos. 26 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Scott Co

PARENTS
10 NAME OF FATHER Will Bruin
11 BIRTHPLACE OF FATHER (State or country) Pendleton Co
12 MAIDEN NAME OF MOTHER Carrie Sears
13 BIRTHPLACE OF MOTHER (State or country) Woodford

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Will D. Gray
(Address) Paynes Ky

15 FILED May 8, 1912 (In Blue Sticks) REGISTER

MEDICAL CERTIFICATE OF DEATH **DELAY**

16 DATE OF DEATH May 8, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1912, to May 8, 1912, that I last saw him alive on May 8, 1912, and that death occurred, on the date stated above, at 4 P.M.
The CAUSE OF DEATH was as follows:
Malnutrition
(Duration) ... yrs. ... mos. 26 ds.

Contributory (Duration) ... yrs. ... mos. ... ds.
(Signed) R. M. Means M. D.
1912 (Address) Paynes 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 of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Highway Cemetery DATE OF BURIAL May 8, 1912
20 UNDERTAKER Dr. Williams & Sons Highway Ky ADDRESS

11-816

WRITE PLAINLY, WITH UNFADING INK—PRINT IN A PREVIOUSLY UNOCCUPIED SPACE

M. D.—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. See instructions on back of certificate.