

Bruin, George Thomas 1935 - 1936

Form V. B. 1-A  
**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

12204  
 File No. 58  
 Registered No. ✓

1. PLACE OF DEATH  
 County Scott  
 Vol. West Orange  
 Inc. Town Georgetown  
 City Georgetown (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME George Thomas Bruin  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word) <u>2</u>			21. DATE OF DEATH <u>4/5</u> 19 <u>36</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 3 35</u> to <u>Apr 5 1936</u>	
6. DATE OF BIRTH <u>Sept. 3 - 1935</u>					I last saw him alive on _____, 19____ death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE Years <u>0</u> Months <u>7</u> Days <u>✓</u> If LESS than 1 day..... hrs. or..... min.					<u>Chronic Gastro-intestinal</u>	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.					Contributory causes of importance not related to principal cause:	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					<u>Infection</u>	
10. Date deceased last worked at this occupation (month and year)					Name of operation <u>None</u> Date of _____	
11. Total time (years) spent in this occupation					What test confirmed diagnosis? _____ Was there an autopsy? _____	
12. BIRTHPLACE <u>Scott Co. Ky.</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____	
13. NAME <u>Everett Bruin</u>					Where did injury occur? _____ (Specify city or town, county, and State)	
14. BIRTHPLACE <u>Scott Co. Ky.</u>					Specify whether injury occurred in industry, in home, or in public place.	
15. MAIDEN NAME <u>Virginia Saera</u>					Manner of injury _____	
16. BIRTHPLACE <u>Scott Co. Ky.</u>					Nature of injury _____	
17. INFORMANT <u>Walter M. C. Cawthron</u> (Address) <u>Georgetown, Ky.</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Georgetown</u> Date <u>4/6</u> 19 <u>36</u>					(Signed) <u>D. V. Johnson</u> M. D.	
19. UNDERTAKER <u>E. Ashurst (Son)</u> (Address) <u>Georgetown, Ky.</u>					(Address) <u>Georgetown Ky</u>	
20. FILED <u>5-2</u> 19 <u>36</u> <u>Beulah Reubens</u> Registrar						

Plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.