

Bruin, James Everett 1927 - 1929

Georgetown News - December 19, 1929

DEATH OF EDWARD BRUIN, JR.

James Edward Bruin, Jr., two-year-old son of Mr. and Mrs. Everett Bruin, who live on the Cincinnati pike, died Monday afternoon at the local hospital.

Funeral services were held Wednesday morning at the grave in the local cemetery.

Form V. 8. 1-16m-8-25-23

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Scott County

Vol. Pat. _____ Registration District No. 1330

Inc. Town Georgetown Ky Primary Registration District No. 2510

City _____ (No. John Graves Hospital Ward _____)

File No. 33448

Registered No. _____

2 FULL NAME J EDWARD BRUIN JR.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed Divorced (Write the word)

6 DATE OF BIRTH Sept 17th 1927
(Month) (Day) (Year)

7 AGE 2 yrs. 2 mos. 29 ds. IF LESS than 1 day or _____ min?

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

9 BIRTHPLACE (State or country) Scott County

PARENTS

10 NAME OF FATHER Everett Bruin

11 BIRTHPLACE OF FATHER (State or country) Fayette County, Ky.

12 MAIDEN NAME OF MOTHER Virginia Scars

13 BIRTHPLACE OF MOTHER (State or country) Scott Count, Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:
(Informant) Emmett Bruin
(Address) Georgetown

15 Filed _____ 1929 J. Willie Haege Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 16th 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 10, 1929, to Dec 16, 1929, that I last saw him alive Dec 16, 1929, and that death occurred on the date stated above at 4 P.M.

The CAUSE OF DEATH^a was as follows:
Peri-tonsillar abscess

(Duration) _____ yrs. _____ mos. 14 ds.

Contributory (Secondary) Septicemia
(Duration) _____ yrs. _____ mos. 7 ds.

(Signed) J. W. Haege M. D.
Dec 23 1929 (Address) Georgetown Ky

^aState the Disease Causing Death, 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 _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. 1 ds.
Where was disease contracted? Home; Scott Co
If not at place of death? _____ Former or usual residence Georgetown Ky

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Georgetown Centry Dec. 18 1929

20 UNDERTAKER ADDRESS
E. Ashurst & Son Geo. Ky.

11-3114 Wed. 10 A.M.

N. B.—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. See instructions on back of certificate.