

Bruin, Louise 1917 - 1919

FORM V 6 1-9008 2-9-12

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

1 PLACE OF DEATH  
County Scott  
Vot. Pot. John S. Yates Registration District No. 1030  
Inc. Town                      Primary Registration District No. 2547  
City                      (No.                      St.                      Ward                     )

2 FULL NAME Louise Bruin

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)

6 DATE OF BIRTH March 2, 1917 (Month) (Day) (Year)

7 AGE 2 yrs. 9 mos. 9 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., Ky.

10 NAME OF FATHER William Bruin

11 BIRTHPLACE OF FATHER (State or country) Dundleton Co., Ky.

12 MAIDEN NAME OF MOTHER Carrie May Sears

13 BIRTHPLACE OF MOTHER (State or country) Woodford Co., Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Minnie S. Yates (Address) Lexington, Ky.

15 I HEREBY CERTIFY, That I attended deceased from March 8, 1919, to March 10, 1919, that I last saw him alive on March 10, 1919, and that death occurred on the date stated above at 7:30 a.m. The CAUSE OF DEATH was as follows: Impetigo of Inflection

16 DATE OF DEATH March 12, 1919 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1919, to March 10, 1919, that I last saw him alive on March 10, 1919, and that death occurred on the date stated above at 7:30 a.m. The CAUSE OF DEATH was as follows: Impetigo of Inflection

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 Longdown DATE OF BURIAL 7/14, 1919

20 UNDERTAKER MCMERKIN & ASHUR ADDRESS Scottsboro

11-3184

NOTE: Every item of information should be carefully supplied. AGE should be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.