

MARGIN RESERVED FOR BINDING

R. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 in very important.

Form V. B. 1-A DEPARTMENT OF COMMERCE Bureau of the Census		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
Registration District No. <u>790</u>		Primary Registration District No. <u>2290</u>	
1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Kenton</u>		(a) State <u>Kentucky</u> (b) County <u>Kenton</u>	
(b) City or town <u>Covington</u>		(c) City or town <u>Covington</u>	
(c) Name of hospital or institution: <u>1514 St. Clair Street</u> (If outside city or town limits, write RURAL)		(d) Street No. <u>1514 St. Clair Street</u> (If rural give precinct)	
(d) Length of stay: In hospital or community (years, months or days)		(e) If foreign born, how long in U. S. A. ? <u>not</u> <u>yes</u>	
3(a) FULL NAME <u>Mary Jane Brewsauer</u>			
3(b) If veteran, Name war <u>none</u>		3(c) Social Security No. <u>none</u>	
4. Sex <u>f</u>	5. Color or race <u>W</u>	5(a) Single, married, married, divorced, <u>widowed</u>	
6(b) Name of husband or wife <u>Charles P. Brewsauer</u>			
6(c) Age of husband or wife if alive <u>deceased</u> Years			
7. Birth date of deceased <u>July 22 1861</u> (Month) (Day) (Year)			
8. AGE: <u>85</u> Years <u>11</u> Months <u>6</u> Days <u>hr.</u> If less than one day min.			
9. Birthplace <u>Harrison County, Kentucky</u>			
10. Usual occupation <u>housekeeper</u>			
11. Industry or business <u>home</u>			
12. Name <u>William Boone</u>			
13. Birthplace <u>Harrison County, Kentucky</u>			
14. Maiden name <u>Johanna Casey</u>			
15. Birthplace <u>Harrison County, Kentucky</u>			
16(a) Informant's own signature <u>Jennie Mae Brewsauer</u>			
(b) Address <u>1514 St. Clair Street, Cov.</u>			
17. BURIAL, CREMATION, OR REMOVAL			
Place <u>Highland Cem</u> Date <u>July 1 1947</u>			
18(a) Signature of funeral director <u>Henry Zimmerman</u>			
(b) Address <u>25-27 East 11th Street, Covington</u>			
19(a) <u>JUN 30 1947</u> (Date received by local registrar)			
(b) <u>W. W. Williamson</u> (Registrar's signature)			
		MEDICAL CERTIFICATION	
20. DATE OF DEATH <u>June 28 1947</u>		21. I hereby certify that I attended the deceased from <u>June 28th 1947</u> to <u>June 28th 1947</u> that I last saw him alive on <u>June 28th 1947</u> and that death occurred on the date above at <u>1:20 P. M.</u>	
Immediate cause of death <u>Myocardial infarction</u>		DURATION	
Other conditions <u>hypertension</u> (Include all causes within 5 months of death)			
Major findings: <u>167-55E</u>			
Of operations			
Of autopsy			
22. If death was due to external causes, fill in the following:			
(a) Accident, suicide, or homicide (specify)			
(b) Date of occurrence			
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type of place)			
While in work? <u>yes</u> (e) Manner of injury			
23. Stigmata <u>Paul Bennett</u>			
Address <u>Covington Ky</u> Date signed <u>June 30 1947</u>			

Dr. Paul Bennett
11th & Madison 13724
Registar's No. 644

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