

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

28782

PLACE OF DEATH

Course *Middlesboro Ky*

Vet. Pot. *Reservoir*

Ino. Town

City

Registration District No. *7129*

Primary Registration District No. *2870*

(No. .... St., .... Ward)

File No. ....

Registered No. ....

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Marcela Larue Bush*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Nov 20*, 19*37*  
(Month) (Day) (Year)

7 AGE *79* yrs. *9* mos. *18* ds. IF LESS than 1 day... hrs. 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) *Tenn*

10 NAME OF FATHER *Do not know*

11 BIRTHPLACE OF FATHER (State or country) " "

12 MAIDEN NAME OF MOTHER *McCormick*

13 BIRTHPLACE OF MOTHER (State or country) *Do not know*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Arch Carey*

(Address) *Merriville Ky*

15 *Nov 19/9*, 1917. *Vieta Jenkins* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *10/8*, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *May 13*, 1917, to *Oct 7*, 1917, that I last saw her alive on *Oct 7*, 1917,

and that death occurred on the date stated above at *7 P.M.* The CAUSE OF DEATH\* was as follows: *Heart Disease for 2 or 3 years*

(Duration) .... yrs. .... mos. .... ds.

Contributory (SECONDARY) *heart Drapery*  
(Duration) .... yrs. .... mos. .... ds.

(Signed) *J. H. Smith*, M. D. *10/8*, 1917. (Address) *6 V. Merriville 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 *Reservoir B.G.* DATE OF BURIAL *10/9*, 1917

20 UNDERTAKER *Vieta Jenkins* ADDRESS *Merriville*

MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMANENT RECORD. Attention should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION important. See instructions on back of certificate.