

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

30686

1 PLACE OF DEATH  
County Muhlenberg

File No. \_\_\_\_\_

Vot. Precinct North Central CityRegistration District No. 1087Registered No. 71

City \_\_\_\_\_

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Mary E. Sturman(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

3 SEX \_\_\_\_\_ 4 COLOR OR RACE White 5 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed Widowed or Divorced \_\_\_\_\_  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH Jan 26 1867  
(Month) (Day) (Year)7 AGE 65 yrs. 10 mos. 21 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work House Work  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) \_\_\_\_\_PARENTS  
10 NAME OF FATHER Joe Sturman  
11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_  
(State or country) \_\_\_\_\_  
12 MAIDEN NAME OF MOTHER Mary Ann McElvain  
13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_  
(State or country) \_\_\_\_\_14 (Informant) J. W. Sturman  
(Address) Bremen15 Filed 12/18, 1931. A. L. Blandford  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 17 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Dec 7, 1931, that I last saw h. alive on Nov 15, 1931, and that death occurred on the date stated above at 10 P.M. The CAUSE OF DEATH\* was as follows:  
Cerebral HemorrhageArthur Sclerous  
Cerebral Hemorrhage  
5 1/2 (Duration) yrs. \_\_\_\_\_ mos. 5 ds.  
Contributory Arthur Sclerous  
(Secondary)  
(Duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_

(Signed) J. H. Sturman, M. D.  
Nov 17, 1931 (Address) Central City 75

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Cherry Hill DATE OF BURIAL Dec 18 193120 UNDERTAKER J. B. Tucker ADDRESS Bremen

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGE EMPLOYED FOR EDITING