

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

12051

File No. ~~12051~~

Registered No. 28

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

1 PLACE OF DEATH

County MuhlenbergVet. Pct. Registration District No. 1187Inc. Town Primary Registration District No. 2425City Central City (Name) St. Ward

2 FULL NAME

Clarence Edward Zoffinger

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1 June 4 1902
(Month) (Day) (Year)

7 AGE 20 yrs. 10 mos. 26 ds.
IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER C. J. Zoffinger

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Lucy E. Johnson

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed Zoffinger

(Address) Central City

15 Filed 4/10 1923 A. J. Campbell Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 9 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 18, 1923, to April 9, 1923,

that I last saw him alive on April 8, 1923, and that death occurred on the date stated above at 7 a. m.

The CAUSE OF DEATH* was as follows:
Pneumia

(Duration) yrs. 2 mos. ds.

Contributory (Secondary)

(Signed) Clarence Edward Burr, M. D.
April 9, 1923 (Address) Central City

*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 in the
of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted,
If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Fairmount DATE OF BURIAL Apr 10, 1923

20 UNDERTAKER Bakins & Anderson ADDRESS Central City

cc
208
7/14/24
cc
356
2-18-25

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.

MARGIN RESERVED FOR KEEPING