

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 21206

## 1 PLACE OF DEATH

County MuhlenbergVol. North Central Ky.

Inc. Town

City Cent. City, Ky.Registration District No. 1087Primary Registration District No. n/35Registered No. 40

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

2 FULL NAME Eula Bell Hoffmeyer

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 COLOR OR RACE W 5 Single  Married  Widowed or Divorced (Write the word)6 DATE OF BIRTH 12-15-1892  
(Month) (Day) (Year)7 AGE 31 yrs. 8 mos. 16 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) Muhlenberg Co Ky.10 NAME OF FATHER Nat. Brown11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER America Stirsman13 BIRTHPLACE OF MOTHER (State or country) Ky.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Shelby Hoffmeyer (Address) Cent. City, Ky.15 Filed 8/31, 1926 - A. L. Clafford Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8-31, 1926  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased From March, 1926, to August, 1926, that I last saw h. or alive on 8-30, 1926, and that death occurred on the date stated above at 2:15 p.m.The CAUSE OF DEATH\* was as follows:  
Acute Intestinal intoxication  
(Duration) ..... yrs. .... mos. 3 ds.Contributory Chronic Bacillary Dysentery (Secondary)  
(Duration) 3 yrs. 2 mos. .... ds.  
(Signed) W. C. McNeil, M. D.  
8-31, 1926 (Address) Cent. City, 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 ..... 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 Bethel Cemetery DATE OF BURIAL 8-31, 192620 UNDERTAKER Jess Tucker ADDRESS Brewer, Ky.cc  
432  
3/15/27

MARGIN RESERVED FOR INDEXING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact status of OCCUPATION is very important. See instructions on back of certificate.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact status of OCCUPATION is very important. See instructions on back of certificate.