

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3886

File No.

Registered No. 1

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

1 PLACE OF DEATH
County Muhlenberg
Vet. Pct. Bremen
Inc. Town.....
City..... (No. St., Ward)Registration District No. 1086
Primary Registration District No. 68132 FULL NAME Mrs. Emma Stoffsinger

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single Married Widowed or Divorced (Write the word)6 DATE OF BIRTH 4 - 16 - 1904
(Month) (Day) (Year)7 AGE 24 yrs. 4 mos. 16 ds. IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work House-keeper
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) KyPARENTS
10 NAME OF FATHER J. W. Kendall
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky
12 MAIDEN NAME OF MOTHER Emma Gordon
13 BIRTHPLACE OF MOTHER (State or country) Tennessee14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. B. Tucker
(Address) Bremen Ky15 Filed Feb 11, 1929 Dollie Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 6th, 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb., 1928, to Jan. 6th, 1929, that I last saw h.er alive on....., 1929, and that death occurred on the date stated above at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis(Duration) 1 yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) D. S. Ameth M. D. 19, 1929 (Address) Bremen 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? unknown
Former or usual residence19 PLACE OF BURIAL OR REMOVAL High Lane yard DATE OF BURIAL 17 - 192920 UNDERTAKER Jew Gueder ADDRESS Bremen Ky

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.