

State Board of Health  
BUREAU OF VITAL STATISTICS

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

## CERTIFICATE OF DEATH

Registered No. 124

## 1. PLACE OF DEATH

County Muhlenberg

Vot. Pot. \_\_\_\_\_

Registration District No. 1087Inc. Town Central CityPrimary Registration District No. 2435City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME John Hoffinger(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 male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of Maudie Hoffinger  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH January 31<sup>st</sup>, 18697. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
65 9 288. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE Kentucky13. NAME John Hoffinger14. BIRTHPLACE Ky.15. MAIDEN NAME Lily Davison16. BIRTHPLACE Ky.17. INFORMANT Claude Hoffinger  
(Address) Central City Ky.18. BURIAL, CREMATION, OR REMOVAL  
Place Shawnee Chapel Date Nov 20, 193419. UNDERTAKER M. B. McDonald & Co  
(Address) Greensville Ky.20. FILED Nov 30, 1934 A. L. Standford  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11-29, 1934

22. I HEREBY CERTIFY, That I attended deceased from

9-1, 1934 to 11-29, 1934I last saw him alive on 11-12, 1934 death is said to have occurred on the date stated above, at 12:30 P.M.  
The principal cause of death and related causes of importance in order of onset were as follows:Paralysis Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) C. G. Prussner, M. D.(Address) Central City Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully ascertained. 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.