

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

File No. \_\_\_\_\_  
Registered No. 1

1 PLACE OF DEATH

County Muhlenberg  
Vet. Pot. Bremen Registration District No. 1086  
Ine. Town \_\_\_\_\_ Primary Registration District No. 10813

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

2 FULL NAME Martha Neffinger

(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 Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Jan 17 1875

7. AGE Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hair wacker

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

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

12. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Mo

13. NAME John H. Miller

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Mo

15. MAIDEN NAME Lizzie Russell

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Mo

17. INFORMANT Ben Neffinger (Address) Bremen Mo

18. BURIAL, CREMATION, OR REMOVAL Place Waverly Chapel Date Jan 9 1933

19. UNDERTAKER J. H. Miller (Address) Bremen Mo

20. FILED Feb 10 1933 Dollar Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-8-33, 1933 to 1-8-33, 1933

I last saw her alive on 1-8-33, 1933, death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cellulose  
Influenza

Date of onset 1-8-33

Contributory causes of importance not related to principal cause:

Senility

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? 7 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1933

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no If so, specify \_\_\_\_\_

(Signed) Richard L. Simpson, M. D.

(Address) Bremen, Mo

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.