

23076

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

File No.

1. PLACE OF DEATH

County Muhlenberg County

CERTIFICATE OF DEATH

Registered No. 81

Vet. Pat.

Registration District No. 1087

Ins. Town. Central City Ky.

Primary Registration District No. 2435

City.

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

2. FULL NAME

Mary A. Hoffinger

(a) Residence, No.

(Usual place of abode)

St. Ward

(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 F 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH 9-13-1848

7. AGE Years 86 Months 11 Days 6 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
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 Ky

FATHER 13. NAME Davie Reno

14. BIRTHPLACE Ky

MOTHER 15. MAIDEN NAME Chellie Barfield

16. BIRTHPLACE Ky

17. INFORMANT C. J. Hoffinger
(Address) Central City Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Hoffinger Cem Date 8-20 1935

19. UNDERTAKER Arthur L. Mosley
(Address) Central City Ky.

20. FILED 8/20 1935 A. L. Blumhord
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8-19 1935

I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Aug 19 1935
I last saw her alive on Aug 15 1935 Death is said to have occurred on the date stated above, at 3:20 m. The principal cause of death and related causes of importance in order of onset were as follows:

Pneumonia
Interstitial nephritis
not known
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..... 19.....
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) J. H. [Signature], M. D.
(Address) Central City Ky.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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.
N. B. should be carefully studied. AGE should be stated EXACTLY. PHYSICIAN 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.