

PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Meades
 Vol. No. 173 Registration District No. 870
 Inc. Town Cantonsville Registration District No. 7123
 City Cantonsville St., Ward

File No. 5875
 Registered No. 8

[If death occurred in a hospital or institution, give its NAME, location of street and number.]

FULL NAME Cleora Hoffmeyer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the date) 1920
 6 DATE OF BIRTH Aug 23, 1887
 (Month) (Day) (Year)
 7 AGE 32 yrs. 6 mos. 6 ds. IF LESS than 1 day... hrs. or... min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER C. M. Chapel

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Susan M. Shelton

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cleora Hoffmeyer
 (Address) Cantonsville, Ky.

15

Filed 3/10/1920 A. L. Blanford
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 28, 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1920, to Feb 28, 1920, that I last saw her alive on Feb 27, 1920 and that death occurred on the date stated above at C. M. The CAUSE OF DEATH* was as follows:

Pneumonia following Flu.

(Duration) 1 yrs. 5 mos. 1 da.

Contributory Flu
 (SECONDARY) (Duration) 5 yrs. 5 mos. 5 da.

(Signed) L. R. Roy, M. D.
Feb 28, 1920 (Address) Cantonsville, 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 1 yrs. 5 mos. 1 da. State 1 yrs. 5 mos. 1 da.

Where was disease contracted, if not at place of death? At home

Former or usual residence At home

19 PLACE OF BURIAL OR REMOVAL Race Hill Cemetery DATE OF BURIAL 2/29/20

20 UNDERTAKER W. H. H. H. ADDRESS Cantonsville, Ky.

REPRODUCED FROM THE ORIGINAL RECORDS OF THE STATE BOARD OF HEALTH

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

N.B.—Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN'S OPINION AS TO 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.