

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20226

County Martin

File No.

Vol. 10856Registration District No. 1086Registered No. 12

Ins. Town.....

Primary Registration District No. 213

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

City.....

(No. St. Ward)

FULL NAME Sarah Elizabeth Hoffinger

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>single</u> Widowed or Divorced (Write the word)
------------------------	---------------------------------	---

6 DATE OF BIRTH
Nov 24 1864
(Month) (Day) (Year)7 AGE
50 yrs. 8 mos. 4 ds.
IF LESS than 1 day hrs. or min.8 OCCUPATION
(a) Trade, profession or particular kind of work. Spinster
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE
(State or country) Ky10 NAME OF FATHER James H Hoffinger11 BIRTHPLACE OF FATHER
(State or country) Ky12 MAIDEN NAME OF MOTHER Sallie M. Wiggins13 BIRTHPLACE OF MOTHER
(State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Coroway(Address) Bremen KyFiled sep 8 - 1925 C. R. Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Aug 17 - 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 1 - 1925 to Aug 14 - 1925; that I last saw her alive on Aug 14 - 1925; and that death occurred on the date stated above at 12 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

Contributory (Secondary).....

(Duration) yrs. mos. ds.

(Signed) C. R. Robertson, M. D.Aug 15 - 1925 (Address) Bremen Ky

*Give 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 yrs. mos. ds. in the State yrs. mos. ds.

Where was disease contracted,

if not at place of death?.....

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Fish Cemetery

DATE OF BURIAL

Aug 18 - 1925

20 UNDERTAKER

J. B. Tucker

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.

MARRIAGE REGISTERED 200 1925