

1 PLACE OF DEATH

County *Muhlenberg, Ky.*

CERTIFICATE OF DEATH

Vol. No. *Bramen Ky.* Registration District No. *1285*

File No.

Inc. Town Primary Registration District No. *2528*

Registered No. *11*

City (No. St., Ward)

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

2 FULL NAME *Wm. A. Hoffinger*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

16 DATE OF DEATH *June 26, 1925*
(Month) (Day) (Year)

6 DATE OF BIRTH *February 11, 1840*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *June 12, 1925* to *June 26, 1925*; that I last saw him alive on *11, 11, 1925*

7 AGE *85* yrs. *4* mos. *15* ds. IF LESS than 1 day ... hrs. or ... min.?

and that death occurred on the date stated above at *9:00* am. The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer)

Age
(Duration) ... yrs. ... mos. ... ds.

9 BIRTHPLACE (State or country) *Muhlenberg Co.*

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

10 NAME OF FATHER *Samuel Hoffinger*

(Signed) *J. R. Barnes* M. D. *June 26, 1925* (Address) *Sp. Carrollton*

11 BIRTHPLACE OF FATHER (State or country) *Virginia*

12 MAIDEN NAME OF MOTHER *Sally Rhoads*

13 BIRTHPLACE OF MOTHER (State or country) *Virginia*

*State the DISEASE CAUSE OF DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and, whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

(Informant) *S. W. Hoffinger*

Where was disease contracted, if not at place of death? Former or usual residence

(Address) *Central C. I. T. 703*

19 PLACE OF BURIAL OR REMOVAL *Home* DATE OF BURIAL *June 27 1925*

15

20 UNDERTAKER *J. P. ...* ADDRESS

Filed *June 27, 1925* REGISTRAR

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD 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 OCCASION is very important. See instructor's on back of certificate. MARGIN RESERVED FOR BINDING