

29318
~~29318~~

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 14

1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. _____

Inc. Town Bremen Ky

City _____

Registration District No. 1086

Primary Registration District No. 2869

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

2. FULL NAME Amanda M. Hofinger

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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) W

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

6. DATE OF BIRTH Aug 17 - 1854

7. AGE Years 83 Months 3 Days 2 If LESS than 1 day.....hrs. or.....min.

OCCUPATION
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. Housework.
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 Preston Richey

14. BIRTHPLACE Ky

MOTHER 15. MAIDEN NAME Mary Ann Coleman

16. BIRTHPLACE Ky

17. INFORMANT Clifton Hofinger
(Address) Bremen Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Grove Date 11-20-37

19. UNDERTAKER J. B. Trucker
(Address) Bremen Ky

20. FILED Dec. 4 1937 Dollie Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916 to Mar 19, 1937.
I last saw her alive on Mar 18, 1937, death is said to have occurred on the date stated above, at 4:30 P.M..
The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis Date of onset _____

Contributory causes of importance not related to principal cause:
Hip Fracture

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. C. Woodburn, M. D.
(Address) Greenwell Ky

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH 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 Instruct. on back of certificate.