

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 13

1 PLACE OF DEATH

County Muhlenberg

Vet. Pat. _____

Registration District No. 1056Inc. Town New BremenPrimary Registration District No. 6813City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Bradford Hofinger(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (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 M 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Aug 27-1870

6. DATE OF BIRTH (month, day, and year)

7. AGE 65 Years Months Days 2. 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, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) _____ (State or country) Ky13. NAME William H. Hofinger14. BIRTHPLACE (city or town) _____ (State or country) Ky15. MAIDEN NAME Katherine Briles16. BIRTHPLACE (city or town) _____ (State or country) Ky17. INFORMANT Howard Gossett
(Address) _____18. BURIAL, CREMATION, OR REMOVAL
Place Home Burying Ground Date 8/30, 193519. UNDERTAKER J. B. Tucker
(Address) _____20. FILED Sept-10, 1935 Dollie Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/29, 193522. I HEREBY CERTIFY, That I attended deceased from May, 1933 to Aug 27, 1935I last saw him live on Aug 27, 1935. Death is said to have occurred on the day stated above, at 6:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

The disease cancer of the prostate gland and metastases to the lungs & colon

Contributory causes of importance not related to principal cause:

Unknown

Date of onset

Name of operation None Date of _____
What test confirmed diagnosis Biopsy Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury _____ 1935Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. no injury

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Dr. J. B. Tucker(Address) New Bremen, Ky

N. B.—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 OCCUPATION is very important. See instructions on back of certificate.