

CERTIFICATE OF DEATH

PLACE OF DEATH

County *Muhlenberg*Vol. No. Registration District No. *24122*Ino. Town *Bremen* Primary Registration District No.

City (No.) St., Ward

FULL NAME *John S. Nofsinger*

File No.

Registered *3483*

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <i>Male</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>widowed</i>
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6 DATE OF BIRTH
Dec. 14, 1837
(Month) (Day) (Year)7 AGE
79 yrs. *11* mos. *6* ds.
IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. *Farmer*
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE
(State or country) *Muhlenberg Co Ky*10 NAME OF FATHER
*Sam Nofsinger*11 BIRTHPLACE OF FATHER
(State or country) *Va*12 MAIDEN NAME OF MOTHER
*Lusia Rhoads*13 BIRTHPLACE OF MOTHER
(State or country) *Va*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. B. Tucker*
(Address) *Bremen Ky*15 Filed *Dec. 5, 1917* *W. G. Grundy*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Nov 20, 1917
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Oct*, 1917, to *Nov*, 1917, that I last saw him alive on *Nov 18*, 1917, and that death occurred on the date stated above at *6 P.* m. The CAUSE OF DEATH* was as follows:*Nephritis*
(Duration) yrs. mos. ds.Contributory *detained* *ventrual* *left side*
(SECONDARY)
(Duration) yrs. mos. ds.(Signed) *J. C. Woodbury*, M. D.
Nov. 29, 1917. (Address) *Mad. Land. 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 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
Sharks-chapel DATE OF BURIAL
*Nov. 21, 1917.*20 UNDERTAKER
J. B. Tucker ADDRESS
*Bremen Ky*WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
E. 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.