

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *M. 2*

Registration District No. *4122*

Ino. Town. *Parsons Ky*

Primary Registration District No.

City

(No. St., Ward)

File No. **10320**

Registered No. *28*

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

2 FULL NAME *Mrs. Curia Nofziger*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *April 12, 1915*
(Month) (Day) (Year)

6 DATE OF BIRTH *March 26, 1872*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

7 AGE *43 yrs. 17 ds.* IF LESS than 1 day... hrs. or... min.?

from *Dec 1, 1914* to *April 9, 1915*,
that I last saw h. alive on *April 9, 1915*,
and that death occurred on the date stated above
at.....m. 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) *House wife*

Cancer
15
..... (Duration) yrs. mos. ds.

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

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

PARENTS

10 NAME OF FATHER *John Vincent*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co.*

12 MAIDEN NAME OF MOTHER *Katharine Bygels*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co.*

(Signed) *J. C. Woodburn*, M. D.
4/12, 1915 (Address) *Parsons 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *J. B. Tucker*
(Address) *Parsons*

19 PLACE OF BURIAL OR REMOVAL *Cedar Grove* DATE OF BURIAL *April 13, 1915*

15 Filed *April 12, 1915* *M. G. Gandy* REGISTRAR

20 UNDERTAKER *J. B. Tucker* ADDRESS *Parsons Ky.*

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.