

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

PLACE OF DEATH

County *Jefferson*

Vol. No.

Registration District No. *2275*

File No. *31841*

Inc. Town *Rossville*

Primary Registration District No.

Registered No. *4139*

City *Rossville*

(No. *132-E-Gray* St., *5th* Ward)

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

FULL NAME *Franciska Weber Rothert*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*
(Write the word)

16 DATE OF DEATH *December 18th 1914*
(Month) (Day) (Year)

17 DATE OF BIRTH *May 11th 1835*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov 22nd 1914*, to *Dec 18th 1914*, that I last saw him alive on *Dec 18th 1914*, and that death occurred on the date stated above at *7th* m. The CAUSE OF DEATH* was as follows:
Paralysis.

7 AGE *79* yrs. *7* mos. *7* ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Pruchal Baden Germany*

Contributory (SECONDARY) *Hardening of Arteries*
(Signed) *Robert Wallace* M.D.
Dec. 17th 1914 (Address) *1212 5th St*

PARENTS

10 NAME OF FATHER *John Weber*

11 BIRTHPLACE OF FATHER (State) *Germany*

12 MARRIAGE NAME OF MOTHER *Mary Roth*

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

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

14 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State *5* yrs. ... mos. ... ds.

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

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *John H. Rothert*
(Address) *132-E-Gray St*

16 PLACE OF BURIAL OR REMOVAL *Huntingburg Ind* DATE OF BURIAL *Dec. 21, 1914*

18 DEC 19 1914
FILED *W. A. Kearney* REGISTRAR

19 UNDERTAKER *Frank Smith's Son* ADDRESS *809 W. Jefferson*

ce/AS 4-11-15