

Registration District No. **1085** Primary Registration District No. **2436**

1. PLACE OF DEATH a. COUNTY Muhlenberg County		2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg	
b. CITY OR TOWN Greenville, Ky.		c. CITY OR TOWN Greenville, Ky.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhlenberg Community Hosp		d. STREET ADDRESS 218 Hapkinville St.	
3. NAME OF DECEASED (Type or Print) Alto		4. DATE OF DEATH March 28, 1956	
5. SEX male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 21, 1871	
9. AGE (In years last birthday) 84		10. BIRTHPLACE (State or foreign country) Huntingburg, Indiana	
11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Herman Rothert		14. MOTHER'S MAIDEN NAME Franziska Weber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 79	
17. INFORMANT Francoise Rothert			

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
	DUE TO (b) Arteriosclerotic Heart Disease & Congestive Heart Failure		
	DUE TO (c) _____		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility, Arteriosclerosis		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 4200-051-16	
21b. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
		21e. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	

22. I hereby certify that I attended the deceased from **Oct**, 1955 to **Mar 28**, 1956, that I last saw the deceased alive on **Mar 28**, 1956 and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

23a. DATE SIGNED 4/4/56	23b. ADDRESS Greenville Ky	23c. SIGNATURE [Signature] (Degree or Title)
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 30, 1956	24c. NAME OF CEMETERY OR CREMATOR Fairmount Cemetery
24d. LOCATION (City, town, or county) (State) Huntingburg, Indiana	24e. FUNERAL DIRECTOR Guy's Funeral Home - Greenville, Ky.	24f. ADDRESS _____
25a. DATE REC'D BY LOCAL REG. 4-9-56	25b. REGISTRAR'S SIGNATURE [Signature]	25c. _____

Marjorie Hall deputy