

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

1 PLACE OF DEATH
County Ohio

Vol. Pat.

Inc. Town

City (No. St.; Ward)

2 FULL NAME Carl Bernard

File No. 16313

Register No. 16

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH 2 17, 1893
(Month) (Day) (Year)

7 AGE 19 yrs. 4 mos. 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) Ohio Co.

10 NAME OF FATHER John Bernard

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Miss Howell

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)

(Address)

15 Filed 4/20, 1912 A. C. Hooper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH 6 17, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
....., 191..., to, 191...,

that I last saw h..... alive on, 191...,
and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
.....
..... (Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Signed) F. N. Foley, M. D.
....., 191... (Address) Co. Cincinnati

*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 South Cincinnati Cemetery DATE OF BURIAL 4/20, 1912

20 UNDERTAKER Walter's Undertaking ADDRESS Cincinnati City, Ky

WRITE PLAINLY WITH INK USING ONE-TWO IS A PERMANENT PENCIL

B. 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.