

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

20722

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. _____

Ino. Town Central City

City _____

(No. _____)

St. _____

Ward _____

2 FULL NAME

John Butzinger

File No. _____

Registered No. 45

[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 (Write the word)
married

6 DATE OF BIRTH

Unknown, 1
(Month) (Day) (Year)

7 AGE

About 50 yrs. mos. ds.

If LESS than 1 day hrs. or min.?

8 OCCUPATION

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

9 BIRTHPLACE (State or country)

Germany

PARENTS

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15

Filed Aug 31, 1912 at A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

August 31, 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 _____ m.

The CAUSE OF DEATH* was as follows:

By hanging himself after igniting his clothes which he had saturated with gasoline (Duration) _____ yrs. mos. ds.

Contributory _____

(Secondary)

(Duration) _____ yrs. mos. ds.

(Signed) C. P. Lesjins Coroner
Aug 31, 1912 (Address) Lebanon, 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

C. C. & J. Co. Burying Ground Sept. 1, 1912

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

NOTE: FAMILY WITH DEATHS ARE TO BE A FURNISHED BY DEATH CERTIFICATE. Every item of information should be carefully verified. All should be checked in the V. PARTICULARS 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.