

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

1 PLACE OF DEATH
County Muhlenberg

Vot. Pot. _____

Ino. Town _____
City Central City, Ky. (No. _____) St. _____ Ward _____

870
2435

File No. 20721

Registered No. 44

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

2 FULL NAME Nettie Mary Butzinger

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH November 12, 1880
(Month) (Day) (Year)

7 AGE 32 yrs. 9 mos. 19 ds. If LESS than 1 day ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Arkansas

10 NAME OF FATHER James Sap.

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Lucinda Layman

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Blanche Overhultz
(Address) Central City, Ky.

15 Filed Aug 31, 1912 A. L. Bland
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:
Hounds inflicted by a hatchet in the hands of her husband, John Butzinger
(Duration) ____ yrs. ____ mos. ____ ds.

Contributory _____ (Secondary) _____ (Duration) ____ yrs. ____ mos. ____ ds.
(Signed) L. R. Lewis M.D. (Address) Cleaton, Ky.

*STATE OF 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 Pitchfield DATE OF BURIAL Sept. 1, 1912

20 UNDERTAKER Martin Moore ADDRESS Central City, Ky.

WRITE PLAINLY. WITH CARE AND INK. THIS IS A PERMANENT RECORD.

M. D.—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.