

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

1 PLACE OF DEATH

County

Vot. Pot.

Ino. Town

City

Registration District No. 7127

Primary Registration District No. 7

(No.

St.,

Ward)

2 FULL NAME

Alfred Thomas Hape

File No.

14691

Registered No.

4

[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)

Single

6 DATE OF BIRTH

Dec

19

1912

(Month)

(Day)

(Year)

7 AGE

77 yrs. 6 mos. 4 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)

Kentucky

10 NAME OF

FATHER

not known

11 BIRTHPLACE

OF FATHER

(State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

D E Hape

(Address)

Knightsburg Ky

15

Filed 11-8-1912

G B Fleming

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 3, 1919

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased

from 191... to 191...

that I last saw him alive on 191...

and that death occurred on the date stated above

at m. The CAUSE OF DEATH was as follows:

no Dr. in attendance.
Heart Failure

(Duration) yrs. mos. 4 ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

, M. D.

(Address) 191...

*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, TRAN-
SIENTS 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

DATE OF BURIAL

Hape grave yard Butler Ky 4-14-1919

20 UNDERTAKER

ADDRESS

P. R. Ramsey & Bro Rochester Ky