

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

26249

PLACE OF DEATH

County *Madison*

Vol. No. *1*

Registration District No. *7122*

Town

Primary Registration District No.

City

(No. of St., Ward)

File No.

Registered No. *22*

(If death occurred in a hospital or institution, give its name instead of street and number.)

FULL NAME *Miss J. Tucker*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

DATE OF BIRTH *Feb 27, 1883*

AGE *36* yrs. *6* mos. *27* ds. IF LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) *Waynesburg, Ky*

NAME OF FATHER *W. A. Nofsinger*

BIRTHPLACE OF FATHER (State or country) *Ky*

MAIDEN NAME OF MOTHER *Katherine Nofsinger*

BIRTHPLACE OF MOTHER (State or country) *Ky*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *P. A. Shaver* (Address) *Bremen*

DECEASED *Sept 8, 1919* *W. B. Grundy* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *9-25-1919*

I HEREBY CERTIFY, That I attended deceased from *Sept 21, 1919* to *Sept 24, 1919*, that I last saw h... alive on *Sept 8, 1919*, and that death occurred on the date stated above at... m. The CAUSE OF DEATH* was as follows:

Septic pneumonia

(Duration).... yrs.... mos.... ds.

Contributory (secondary) (Duration).... yrs.... mos.... ds.

(Signed) *F. W. ...*, M. D. (Address) *...*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

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

PLACE OF BURIAL OR REMOVAL *Shaver Chapel* DATE OF BURIAL *9/25, 1919*

UNDERTAKER *J. B. Tucker* ADDRESS *Bremen*