

17712

[If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special Information."]

CITY OF COVINGTON, KY.
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH.

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

City of COVINGTON. (No. 153 E. 3rd St Ward 3 Registered No. 1774)

No. FULL NAME John Leonard Boake

INCOMPLETE RECORDS WILL NOT BE RECEIVED BY THE HEALTH OFFICER.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR <u>White</u>	DATE OF DEATH <u>July 22 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept 24 1841</u> (Month) (Day) (Year)	AGE <u>70</u> Years <u>10</u> months <u>24</u> days	I HEREBY CERTIFY, That I have attended deceased from <u>Oct 20th 1912</u> until <u>July 21st 1912</u> that I last saw him alive on <u>July 21st 1912</u> and that death occurred, on the date stated above, at <u>5</u> A. M. The CAUSE OF DEATH was as follows:	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	BIRTHPLACE (State or county) <u>Philadelphia Penn</u>	<u>Chronic Nephritis</u>	
NAME OF FATHER <u>John Boake</u>	BIRTHPLACE OF FATHER (State or county)	Contributory <u>Septis</u>	
MAIDEN NAME OF MOTHER <u>Elvira Ball</u>	BIRTHPLACE OF MOTHER (State or county) <u> Vincennes, Ind.</u>	(Signed) <u>C. Keenan, Jr.</u> M. D. <u>100 1/2 Sherman Ave</u>	
OCCUPATION <u>Solicitor</u>	THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
(Informant) <u>Sadie H. Boake</u>	Former or Usual Residence	How long at Place of Death? Days	
(Address) <u>153 E. 3rd St</u>	Where was disease contracted, if not at place of death?	PLACE OF BURIAL OR REMOVAL <u>Spring Grove Cem</u> DATE OF BURIAL <u>July 23 1912</u>	
Filed <u>7-22-12</u>	<u>J. J. Mallory</u> Registrar	UNDERTAKER <u>F. A. Reilly</u> ADDRESS <u>740 Belle St</u>	

TELEPHONE OF HEALTH OFFICER, SOUTH 497.

DO NOT USE LEAD PENCIL. ONLY INK OR INK BALL PEN RECEIVED

RULE 1.--State Board of Health.--Transportation by public conveyance of bodies of persons dead of small-pox, diphtheria, membranous croup, Asiatic cholera, typhus or yellow fever is forbidden.