

CITY OF COVINGTON, KY.  
DEPARTMENT OF HEALTH.

No. 17560

No. 5943

BUREAU OF VITAL STATISTICS.

402

CERTIFICATE OF DEATH.

- 1.—Full name of deceased *Harry Keenan*  
2.—\*White. ~~Colored.~~ 3.—\*Male. ~~Female.~~ 4.—Age, *28* years, *—* months, *—* days.  
5.—\*~~Single,~~ ~~Married,~~ ~~Widower,~~ ~~Widow,~~ ~~Divorced.~~ 6.—Occupation, *Ballplayer*  
7.—Place of birth *Lonsville Ky* 8.—If foreign born, how long in U. S. *—* years.  
9.—How long resident in city *—* years. 10.—Father's Name *—*  
11.—Father's birthplace *Ireland* 12.— a) Mother's Name *—*  
b) If deceased is a married woman—Maiden Name *—*  
13.—Mother's birthplace "*—*"  
14.—Place of death, No. *St Elizabeths Hospital*  
15.—Place of Residence, No. *93 W 7 St*  
16.—\*~~Private,~~ Tenement. ~~Public Institution.~~ 17.—Date of death *June 11 1903*  
18.—Cause of death.— Remote or Predisposing *—*  
Immediate *Tuberculosis*  
19.—Duration of last illness *—* 20.—I certify that I attended the above named in *his* last illness  
1.—Date of interment *June 15 1903* A.M. P.M. *John R. Munn* M. D.  
2.—Place of interment *St Josephs* Address *—*  
Name of Undertaker *John D. Madder*

DRAW LINE THROUGH WORDS NOT REQUIRED.

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