

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

PLACE OF DEATH

County Campbell

File No. 20419

Vet. Pot.

Registration District No. 181

Registered No. 47

Ino. Town:

Primary Registration District No. 2092

City:

Fellers No. 220 Third Ave (Ward)

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

FULL NAME

Nancy Steinfield

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Aug 17 1914
(Month) (Day) (Year)

6 DATE OF BIRTH Sept 29 1877
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 15 1914, to Aug 19 1914

7 AGE 36 yrs. 11 mos. 19 ds. IF LESS than 1 day... hrs. or... min.?

that I last saw him alive on Aug 18 1914 and that death occurred on the date stated above at.....m. The CAUSE OF DEATH was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employed by) Taxi Driver

Contributory
(Duration)..... yrs..... mos. 4 ds.

9 BIRTHPLACE (State or country) St. Louis Mo

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

10 NAME OF FATHER Nancy Steinfield

(Signed) [Signature] M. D. Aug 19 1914 (Address) Bellvue Ky

11 BIRTHPLACE OF FATHER (State or country) Germany

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

12 MAIDEN NAME OF MOTHER Todd

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

13 BIRTHPLACE OF MOTHER (State or country) St. Louis Mo

Where was disease contracted, if not at place of death? Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs N Steinfield

19 PLACE OF BURIAL OR REMOVAL Evergreen DATE OF BURIAL Aug 19 1914

(Address) Fellers Ky

UNDERTAKER [Signature] ADDRESS [Signature]

15 Filed Aug 20 1914 P. G. Keeney REGISTRAR

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.

2945-11-50