

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

PLACE OF DEATH

County CampbellReg. Dist. No. 181File No. 2019Ino. Town Fellersville Primary Registration District No. 2092Registered No. 47City Fellersville No. 220 Third Ave Ward

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

FULL NAME Harry 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 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:7 AGE 36 yrs., 11 mos., 19 ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employed by) Tax Payer

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

9 BIRTHPLACE (State or country) St. Louis, Mo.Contributory (SECONDARY) (Duration) yrs. mos. ds.
 (Signed) J. H. ..., M. D.
Aug 19, 1914 (Address) Bellum, Ky.10 NAME OF FATHER Henry Steinfield11 BIRTHPLACE OF FATHER (State or country) Germany12 MAIDEN NAME OF MOTHER Todd13 BIRTHPLACE OF MOTHER (State or country) St. Louis, Mo.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. N. Steinfield
 (Address) Fellersville, Ky.*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, TRAVELERS 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 residence15 Filed Aug 20, 1914 P. G. Keeney REGISTRAR19 PLACE OF BURIAL OR REMOVAL Evergreen DATE OF BURIAL Aug 20
 UNDERTAKER Wm. ... ADDRESS ...