| [If death occurs away from CITY OF COVINGTON, KY. [If death occurred | |
|--|--|
| SUAL RESIDENCE DEPARTMENTS OF THE ATTENT a Hospital or Institution | |
| "Special Information." | |
| City of COVINGTON, (No. 73) | |
| Ward.) Registered No | |
| No. FULL NAME Lewis Hornhorn | |
| INCOMPLETE RECORDS WILL OT BE RECEIVED BY THE HEALTH OFFICER. | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male Mito | DATE OF DEATH OV |
| DATE OF BIRTH (Month) (Day) (Year) | (Month) (Day) (Ver) I HEREBY CERTIFY. That I have attended decembed from |
| AGE (Month) (Day) (Year) | that I last saw h alive on 190 |
| Years, months, days Shight Market Ma | and that death occurred, on the date stated above, at |
| ž | |
| BIRTHPLACE State or county) | 9 |
| NAME OF PATHER | Tremontose |
| BIRTHPLACE OF FATHER ISLATE or county | (DURATION) DAYS |
| W MARRY NAME COMMENTS | Contributory |
| of our a lett. Dick I | J. C. A. MURATION) DAYS |
| O BIRTHPLACE OF MOTHER ISLATE OF MOTHER ISLATE OF MOTHER ISLATE OF COUNTY | (Signed) / Cardine M. D. |
| OCCUPATION MINACY | SPECIAL INFORMATION only for Hospitals, Institutions, Transvents, or Recent Residents. |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF | Former or Usual Residence How long at Place of Death? Days |
| H Informant Service | Where was disease contracted, If not at place of death? |
| (Address 23 Trevor 14 | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filed | Mobile of Jour How 2009 |
| Registres | Sinemann Moore 31-6-11 |
| RULE 1 State Board of Health Transportation b | ypublic conveyance of bodies of persons dead of |