

Form V. S. 1-10m-3-4-34

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2 in 2 origin
9012

1 PLACE OF DEATH
County Kenton

File No. _____
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Vot. Pot. _____ Registration District No. 790

Inc. Town _____ Primary Registration District No. 2290

City Covington Ky. (No. St. Eliz. Hosp. St. _____ Ward) _____

2 FULL NAME Infant Nienaber

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Infant</u> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>April 6</u> , 192 <u>7</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>April 3</u> , 192 <u>7</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>April 7</u> , 192 <u>7</u> , to <u>April 6</u> , 192 <u>7</u> , that I last saw him live on <u>April 6</u> , 192 <u>7</u> , and that death occurred on the date etated above at <u>10:30 p.m.</u>	
7 AGE _____ yrs. _____ mos. <u>3</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			The CAUSE OF DEATH* was as follows: <u>Amia -</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)			(Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Kentucky</u>			Contributory <u>Premature Birth & Miss. gestation</u> (Secondary) _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>Albert Nienaber</u>		(Signed) <u>W.D. Veiger</u> M. D.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>		*State the Disease Causing Death, or, in death from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	12 MAIDEN NAME OF MOTHER <u>Geneva Bornhorn</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, If not at place of death? Former or usual residence <u>I. E. A. S.</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>			19 PLACE OF BURIAL OR REMOVAL <u>North of Bard</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Albert Nienaber</u> (Address) <u>151 E. 43rd St</u>			DATE OF BURIAL <u>April 9</u> , 192 <u>7</u>	
15 Filed <u>Apr 8</u> , 192 <u>7</u> <u>J.P. Riffe</u> Registrar			ADDRESS <u>20 E. 11th St</u>	

state CAUSE OF DEATH IS PRINTED IN PLAIN TYPE AND MUST BE PRINTED IN PLAIN TYPE ON BACK OF CERTIFICATE. See instructions on back of certificate.

11-5184