

Form V. S. 1-12m-4-19-19

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

11684

1 PLACE OF DEATH
County Boyleton

File No. _____
Registered No. 506

Vot. Pat. _____
Registration District No. 580

Inc. Town _____
Primary Registration District No. 229

City Corrington (No. St. Elizabeth Hospital Ward _____)
FULL NAME D. Anthony Ostermann

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word) <u>Married</u>	16 DATE OF DEATH <u>May 22</u> 192 <u>2</u> (Month) (Day) (Year)		
6 DATE OF BIRTH <u>August 9</u> 188 <u>9</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>May 8</u> , 192 <u>2</u> , to <u>May 22</u> , 192 <u>2</u> , that I last saw him live on <u>May 22</u> , 192 <u>2</u> , and that death occurred on the date stated above at _____ m.		
7 AGE <u>32</u> yrs. <u>9</u> mos. <u>13</u> ds.			The CAUSE OF DEATH* was as follows: <u>Tubercular Meningitis</u> (Duration) _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) <u>Proprietor</u> <u>Moring Glass</u>			Contributory (Secondary) (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>Philip J. Dwyer</u> M. D. <u>5/25</u> , 192 <u>2</u> (Address) <u>721 Broadway</u>		
9 BIRTHPLACE (State or country) <u>Corrington Ky</u>			*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
PARENTS	10 NAME OF FATHER <u>Carl Ostermann</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____		
	11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>		19 PLACE OF BURIAL OR REMOVAL <u>St. Marys Cem.</u>		
	12 MAIDEN NAME OF MOTHER <u>Margaret Faust</u>		DATE OF BURIAL <u>May 25</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>		20 UNDERTAKER <u>J. Carroll Co</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Margaret Ostermann</u> (Address) <u>2713 Madison</u>			21 ADDRESS <u>2514 Madison</u>		
15 Filed <u>May 24</u> 192 <u>2</u> <u>J. P. Kiff</u> Registrar					

11-2184