

Overwein, Anna Elizabeth 1865 - 1936

2-6-35-100M  
Form V. S. 1-A

**COMMONWEALTH OF KENTUCKY**  
Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

File No. 2071  
Registered No. \_\_\_\_\_

1. PLACE OF DEATH  
County Fenton  
Vot. Pct. \_\_\_\_\_  
Inc. Town \_\_\_\_\_  
City Covington (If death occurred in a hospital or institution, give its NAME instead of street and number)  
Registration District No. 790  
Primary Registration District No. 2290  
(No. St. Elizabeth Hospital)

2. FULL NAME Anne Overwein  
(a) Residence, No. 1103 Madison Ave  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Single</u>		21. DATE OF DEATH <u>Jan 29, 1936</u>	
6. DATE OF BIRTH 7. AGE Years <u>70</u> Months _____ Days _____ If LESS than 1 day ..... hrs. or ..... min.				22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ I last saw h_____ alive on _____ 19____, death is said to have occurred on the date stated above, at _____ a.m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Fracture, Right Hip</u> <u>Accidental fall on</u> <u>ice stairs</u> Date of onset _____	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Seamstress</u>				Contribution causes of death related to principal cause: <u>1</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				23. If death was due to external causes (violence) fill in also the following: Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Yes</u> Was there an autopsy? <u>Yes</u>	
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
12. BIRTHPLACE <u>Covington, Ky</u>					
13. NAME <u>Henry Overwein</u>					
14. BIRTHPLACE <u>Germany</u>					
15. MAIDEN NAME <u>Elizabeth Barbara</u>					
16. BIRTHPLACE <u>Germany</u>					
17. INFORMANT <u>Mrs. E. Bailey</u> (Address) <u>216 Kuthby Ave. Cor. 14</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wicker Wood</u> Date <u>Feb 1, 1936</u>					
19. UNDERTAKER <u>Donnelly Funeral Home</u> (Address) <u>16 1/2 Th. Covington Ky</u>					
20. FILED <u>2/3, 1936</u> <u>M. H. White</u> Registrar					

print terms; do not use if they are properly classified Exact statement of OCCUPATION is very important. See instructions on back of certificate.