

Overweiri, Mary Frances 1859 - 1921

Kentucky Post - August 13, 1921

OVERWIEN, Mary, after a short illness, Friday, Aug. 12, 1921, at her home, 320 E. 16th-st., Covington, Ky. Funeral Monday, Aug. 15, 1921, from the late residence at 9 a. m. Blessings at St. Benedict's Church at 9:30 a. m. Interment in Mother of God Cemetery. —4

CERTIFICATE OF DEATH

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

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

File No. **17818**
Registered No. **705**

1 PLACE OF DEATH
County Wayne
Vot. Pct. _____ Registration District No. 580
Inc. Town _____ Primary Registration District No. 2290
City Covington (No. St. Elizabeth Hospital ward)

2 FULL NAME Mary Overweiri

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word) <u>Single</u>	16 DATE OF DEATH <u>Aug 12, 1921</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>May 10, 1857</u> (Month) (Day) (Year)			17 HEREBY CERTIFY, that I attended deceased from <u>Aug 6, 1921</u> , to <u>Aug 17, 1921</u> , that I last saw her alive on <u>Aug 11, 1921</u> , and that death occurred on the date stated above at <u>6 p. m.</u>	
7 AGE <u>64</u> yrs. <u>4</u> mos. <u>1</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			The CAUSE OF DEATH* was as follows: <u>Septic Septicemia from suggested food</u> (Duration) _____ yrs. _____ mos. _____ ds. Contributory <u>Septic pneumonia</u> (Secondary) _____ (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>House work</u>			(Signed) <u>Robert E. Eitel</u> M. D. <u>Aug 12, 1921</u> (Address) <u>1404 E-17th</u>	
9 BIRTHPLACE (State or country) <u>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>Henry Overweiri</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients 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 residence <u>320 E. 16th st</u>		
	11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <u>Mother of God Aug 15, 1921</u>		
	12 MAIDEN NAME OF MOTHER <u>Eliz Roberts</u>	20 UNDERTAKER ADDRESS <u>John N. Middelton & Son</u> <u>Covington Ky</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>			14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Anna Overweiri</u> (Address) <u>320 E 16th st</u>	
15 Filed <u>Aug 13, 1921</u> <u>J. B. Schmitz</u> Registrar				

11-2194

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WHO SIGN THIS CERTIFICATE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.