

Anthe, Marie Dickman 1897 - 1931

Kentucky Post – January 14, 1931

MASS FOR MRS. ANTHE
Requiem high mass will be in-
toned Friday at 9 a. m. at St. An-
thony Church, Forest Hills, for Mrs.
Marie Anthe, 34, of 122 Grand-av,
Forest Hills. Burial will be in the
Mother of God Cemetery. Mrs.
Anthe died early Tuesday at her
home after a lingering illness. She
is survived by her husband, Edward
Anthe. Cunningham & Dobbins,
Bellevue undertakers, are in charge
of the funeral.

ANTHE Marie (nee Dickman), beloved
wife of Edward Anthe, age 34 years, at
her residence, 122 Grand-av, Forest
Hills, Ky., Monday, January 12, 1931.
Funeral Friday, January 16, from the
residence, with requiem high mass at St.
Anthony's Church, Forest Hills, Ky., at
9 a. m. Interment Mother of God Ceme-
tery. (Friends invited.)
GREEN, I. M. Robinson, 301 S. 2nd St.



Anthe, Marie Dickman 1897 - 1931

Form V. S. 1-A-57m-11-1-29		COMMONWEALTH OF KENTUCKY State Board of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		1894 <i>Meir</i>	
1 PLACE OF DEATH				File No. _____	
County <u>Kenton</u>				Registered No. _____	
Vot. Pat. <u>Decoursey</u>				Registration District No. <u>791</u>	
Inc. Town <u>Forest Hills</u>				Primary Registration District No. <u>5910</u>	
City <u>Covington</u>				(No. _____ St. _____ Ward _____)	
(If death occurred in a hospital or institution, give its NAME instead of street and number)					
2 FULL NAME <u>Marie Anthe</u>					
(a) Residence, No. <u>122 Grand St.</u> St. _____ Ward _____				(If nonresident, give city or town and State)	
(Usual place of abode)					
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	
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed <u>Married</u>	
6a. If married, widowed, or divorced		6b. HUSBAND of <u>Edward Anthe</u>		(or) WIFE of <u>Edward Anthe</u>	
8. DATE OF BIRTH (month, day, and year) <u>Jan. 8/1897</u>				21. DATE OF DEATH (month, day, and year) <u>Jan. 18-1931</u>	
7. AGE		Years <u>34</u> Months <u>0</u> Days <u>4</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 8 -</u> , 19 <u>31</u> to <u>Jan. 18</u> , 19 <u>31</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		I last saw her alive on <u>Jan. 11</u> , 19 <u>31</u> , death is said to have occurred on the date stated above, at <u>4 P.</u> m.	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		The principal cause of death and related causes of importance in order of onset were as follows:	
12. BIRTHPLACE (city or town) <u>Cov.</u>		13. BIRTHPLACE (State or country) <u>Ind.</u>		<u>Pulmonary Tuberculosis</u>	
14. NAME <u>Frank Dickman</u>		15. BIRTHPLACE (city or town) <u>Ind.</u>		Contributory causes of importance not related to principal cause:	
16. BIRTHPLACE (State or country) <u>Ind.</u>		17. MAIDEN NAME <u>Elizabeth Kemphouse</u>		Name of operation _____ Date of _____	
18. BIRTHPLACE (city or town) <u>Ind.</u>		19. BIRTHPLACE (State or country) <u>Ind.</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____	
20. INFORMANT <u>H. C. Dobbins</u>		21. BIRTHPLACE (city or town) <u>Ind.</u>		22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____	
22. BIRTHPLACE (State or country) <u>Ind.</u>		23. BIRTHPLACE (city or town) <u>Ind.</u>		Where did injury occur? _____ (Specify city or town, county, and State)	
24. BIRTHPLACE (State or country) <u>Ind.</u>		25. BIRTHPLACE (city or town) <u>Ind.</u>		Specify whether injury occurred in industry, in home, or in public place.	
26. BIRTHPLACE (State or country) <u>Ind.</u>		27. BIRTHPLACE (city or town) <u>Ind.</u>		Manner of injury _____	
28. BIRTHPLACE (State or country) <u>Ind.</u>		29. BIRTHPLACE (city or town) <u>Ind.</u>		Nature of injury _____	
30. BIRTHPLACE (State or country) <u>Ind.</u>		31. BIRTHPLACE (city or town) <u>Ind.</u>		32. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____	
32. BIRTHPLACE (State or country) <u>Ind.</u>		33. BIRTHPLACE (city or town) <u>Ind.</u>		(Signed) <u>Robert Meir</u> , M. D.	
34. BIRTHPLACE (State or country) <u>Ind.</u>		35. BIRTHPLACE (city or town) <u>Ind.</u>		(Address) <u>1549 Holman on Road</u>	