Kentucky Post - October 25, 1933

BUSSE—Herman T., brother of Josephine Busse of 1802 Jefferson-av, Covingtom Tuesday, October 24, 1933, age 73 years. Funeral Friday, October 27, at 8:30 a, M. from John S. Middendorf Sons Funeral Home, 917, Main-st. Requiem high mass at St. Augustine Church at 9 a, m. Interment Mother of God Cemetery.

Form V. S. 1-A-75m-3-88-83 COMMONWEALTH Sinto Board BURBAU OF VIO	of Health
County CERTIFICATE Vot. Pot. Registration District	Registered No.
Inc. Town Primary Registration	District No. 2230
2. FULL NAME TOPPH Homan In	spital or institution, give its NAME instead of street and number)
(a) Residence. Notethou Gouly Hours (Usual place of abode) Length of residence in city or town where death oppered yes. mos.	Ward (II nonresident, give city or town and State) 16. How long in U. S., if of foreign birth? yrs. mee. de.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. Single, Married, Widowed or Diversed (write the word)	21. DATE OF DEATH (1) 1933
8. Il married, widowed, or divorced (197) Wife of (197) Wi	22. HEREBY CERTIFY, That I Thended deceased from 1927 1932 I last saw bescalive on the date stated above, at m. The principal cause of death and related causes of importance in order of paset were as follows: Date of oneset Contributory causes of importance not related to principal cause: Name of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Sassen 16. BIRTHPLACE Serving Brease (Address) 18 02 Jefferson au (Address) 18 02 Jefferson au (Address) Dato Oct 17, 1937 19. UNDERTAKER Jan M. Mardandy Jefferson (Address) 91 20 au at (Address) 19 23 Mar At Color Registra. Registra.	23. If death was due to external causes (vicience) fill in also the following: Accident, suicide, or howicide? date of injury 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? Aso, specify (Address) (Address) M. D.