

Busse, Maria Anna Beiderhacke 1832 - 1899



CITY OF COVINGTON, KY.
DEPARTMENT OF HEALTH. No. 102
BUREAU OF VITAL STATISTICS.
698
CERTIFICATE OF DEATH.

1.—Full name of deceased, *Maria Anna Busse*
2.—*White, Colored. 3.—*Male, Female *Female*, 4.—Age, *66* years, months, days.
5.—*Single, Married, Widower, Widow. 6.—Occupation, *Housewife*
7.—Place of birth, *Germany* 8.—If foreign born, how long in U. S. *47* years.
9.—How long resident in city, *47* years. 10.—Father's Name, _____
11.—Father's birthplace, *Germany* 12.—Mother's Name, _____
13.—Mother's birthplace, *Germany*
14.—Place of death, No. *Russell Medical Center* Ward _____
15.—Place of Residence, No. _____ Ward _____
16.—Private, Tenement, Public Institution. 17.—Date of death, *February 25/1899*
18.—Cause of death, { Remote or Predisposing, *La Grippe*
Immediate, *Fatality of Heart*
19.—Duration of last illness, *About two weeks* 20.—I certify that I attended the above named in last illness.
21.—Date of interment, *Feb. 27, 1899* A.M. _____ M.D. _____
22.—Place of interment, *Mt. Zion of York Cemetery* Address, *156 Russell St.*
23.—Name of Undertaker, *James Emanuel M. Co.* *Covington Ky.*

* DRAW A LINE THROUGH WORDS NOT REQUIRED.