

Busse, Mary Elizabeth 1929 - 1929

Form V. S. 1-50m-8-23-27
1 PLACE OF DEATH
 County Kenton
 City Covington (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

File No. 2341
 Registered No. 2341

Vet. Pot. _____ Registration District No. 790
 Inc. Town _____ Primary Registration District No. 2290

2 FULL NAME Mary Elizabeth Busse
 (a) Residence. No. 208 Grand St. _____ Ward _____
 (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			
3 SEX <u>F.</u>	4 COLOR OR RACE <u>W.</u>	5 Single Married <u>6 child</u> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>Jan 8</u> , 19 <u>29</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>1-3</u> , 19 <u>29</u> , to <u>1-8</u> , 19 <u>29</u> , that I last saw h.et alive on <u>1-8</u> , 19 <u>29</u> and that death occurred on the date stated above at <u>10 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>		
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>6 child</u>			18 (Duration) _____ yrs. _____ mos. _____ ds.			
6 DATE OF BIRTH <u>Jan 3</u> 19 <u>29</u> (Month) (Day) (Year)			Contributory (Secondary) <u>Pneumonia</u> & <u>no</u> (Duration) _____ yrs. _____ mos. _____ ds.			
7 AGE _____ yrs. _____ mos. <u>5</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			19 WHERE WAS DISEASE CONTRACTED if not at place of death? _____			
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Child</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			Did an operation precede death? _____ Date of _____			
9 BIRTHPLACE (city or town) <u>Covington</u> (State or country) <u>Kentucky</u>			Was there an autopsy? _____			
PARENTS	10 NAME OF FATHER <u>Herman J. Busse</u>		What test confirmed? <u>Autopsy</u> (Signed) _____ M. D.			
	11 BIRTHPLACE OF FATHER (city or town) <u>Covington</u> (State or country) <u>Ky</u>		1-9, 19 <u>28</u> (Address) <u>Orange Ky.</u>			
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Lily Roof</u>		*State the Disease Causing Death, or, if deaths from violent causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)			
13 BIRTHPLACE OF MOTHER (city or town) <u>Covington</u> (State or country) <u>Ky</u>		19 PLACE OF BURIAL OR REMOVAL <u>Mother of S. ds.</u>		DATE OF BURIAL <u>Jan 8</u> , 19 <u>29</u>		
14 (Informant) <u>Herman J. Busse</u> (Address) <u>208 Grand Ave.</u>			20 UNDERTAKER <u>Hanneman Son</u>		ADDRESS <u>Cov. Ky</u>	
15 Filed <u>1/10</u> , 19 <u>29</u> Registrar _____						