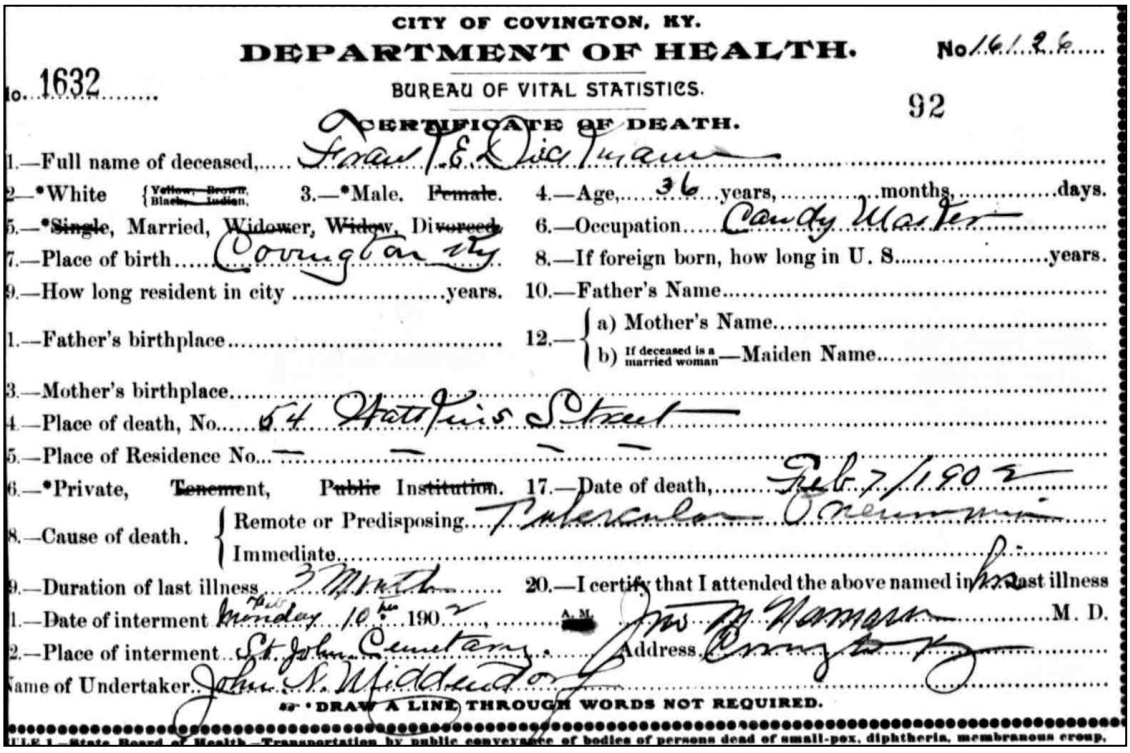

CITY OF COVINGTON, KY.

DEPARTMENT OF HEALTH. No 16126

No. 1632

BUREAU OF VITAL STATISTICS. 92

CERTIFICATE OF DEATH.

1.—Full name of deceased, Frank E. Dickmann

2.—*White {~~Yellow~~, ~~Brown~~, ~~Black~~, ~~Indian~~,} 3.—*Male, ~~Female~~. 4.—Age, 36 years, ... months, ... days.

5.—*~~Single~~, Married, ~~Widower~~, ~~Widow~~, ~~Divorced~~ 6.—Occupation Candy Master

7.—Place of birth Covington Ky 8.—If foreign born, how long in U. S. ..... years.

9.—How long resident in city ..... years. 10.—Father's Name .....

11.—Father's birthplace ..... 12.—{a) Mother's Name ..... b) If deceased is a married woman—Maiden Name .....}

13.—Mother's birthplace .....

14.—Place of death, No. 64 Hatton's Street

15.—Place of Residence No. — — — —

16.—*Private, ~~Tenement~~, ~~Public~~ ~~Institution~~. 17.—Date of death, Feb 7 1902

18.—Cause of death. {Remote or Predisposing. Tubercular Pneumonia

Immediate. .....}

19.—Duration of last illness 3 Months 20.—I certify that I attended the above named in his last illness

21.—Date of interment Monday 10th 1902 A. M. Jno. M. Hamann M. D.

22.—Place of interment St. John Cemetary Address Covington Ky

Name of Undertaker John N. Middendorf

*** DRAW A LINE THROUGH WORDS NOT REQUIRED.**

RULE 1.—State Board of Health.—Transportation by public conveyance of bodies of persons dead of small-pox, diphtheria, membranous croup,