Johannemann, Joseph Vincent 1934 - 1935

V. S. 1—50m—11-8-28

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 790

File No. 1834

1 PLACE OF DEATH

County Kenton

Vot. Pct. .... Registration District No. 790

Registered No. ....

Inc. Town .... Primary Registration District No. 890

City Covington (No. .... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Johannemann, Infant

(a) Residence. No. 1604 Holman St. Cov. 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

3 SEX: male

4 COLOR OR RACE: W

5 Single, Married, Widowed or Divorced (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ....

6 DATE OF BIRTH: Dec. 19th 1934 (Month) (Day) (Year)

7 AGE: ...... yrs. ...... mos. 17 ds. If LESS than 1 day ...... hrs. or ...... min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ....
(b) General nature of industry, business or establishment in which employed (or employer) ....

9 BIRTHPLACE (city or town) (State or country): Covington, Ky.

PARENTS

10 NAME OF FATHER: Aloysius Johannemann

11 BIRTHPLACE OF FATHER (city or town) (State or country): ....

12 MAIDEN NAME OF MOTHER: Emma Pelskamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ....

14 (Informant) Aloysius Johannemann
(Address) Covington Ky

15 Filed Jan. 7, 1935 Mrs H. C. White
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 5th, 1935 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1935, to Jan. 5, 1935, that I last saw him alive on Jan. 5, 1935 and that death occurred on the date stated above at 8 P. m.

The CAUSE OF DEATH* was as follows:

Infectious Diarrhea

.... (Duration) ...... yrs. ...... mos. 6 ds.

Contributory (Secondary) ....

.... (Duration) ...... yrs. ...... mos. ...... ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? ....
Did an operation precede death? no Date of ....
Was there an autopsy? no
What test confirmed diagnosis? ....
(Signed) L. E. Hay M. D.
1-6, 1935 (Address) Cov. Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL: St. Mary's Cem.

DATE OF BURIAL: Jan. 7 1935

20 UNDERTAKER: John N. Middendorf

ADDRESS: Cov. Ky.