

Mohr, Joseph 1860 - 1930

Kentucky Post - September 24, 1930

MOHR—Joseph, husband of the late Anna Mohr (nee Kemphaus), and formerly of corner Linden and May streets, Covington, Ky., Tuesday, September 23, 1930, aged 69 years. Funeral Friday, September 26, at 8:30 a. m., from John N. Middendorf Sons' Funeral Home, 917 Main-st. Requiem high mass St. Augustine Church at 9 p. m. Interment in Mother of God Cemetery.

Form V. S. 1-30m-4-17-28		COMMONWEALTH OF KENTUCKY		22792	
1 PLACE OF DEATH		State Board of Health		BUREAU OF VITAL STATISTICS	
County <u>Kenton</u>		BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH	
Vol. Pat. _____	Registration District No. <u>790</u>	File No. _____		Registered No. _____	
Inc. Town _____	Primary Registration District No. <u>2290</u>	City <u>Covington</u> (No. _____ St. _____ Ward _____)		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>Joseph Mohr</u>		(a) Residence. No. _____ St. _____ Ward _____		(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>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> or Divorced <input type="checkbox"/> (Write the word)	16 DATE OF DEATH <u>Sept. 23rd</u> , 19 <u>30</u>	(Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			17 I HEREBY CERTIFY, That I attended deceased from <u>Aug. 25, 1930</u> to <u>Sept. 20, 1930</u> , that I last saw him alive on <u>Sept. 20, 1930</u> , and that death occurred on the date stated above at <u>5:15 A.M.</u>	The CAUSE OF DEATH* was as follows: <u>Chronic nephritis</u> <u>Edema of lungs</u>	
6 DATE OF BIRTH <u>Nov. 15, 1860</u>	(Month) (Day) (Year)		and that death occurred on the date stated above at <u>5:15 A.M.</u>		
7 AGE <u>69 yrs. 10 mos. 29 ds.</u>	IF LESS than 1 day _____ hrs. or _____ min?		Contributory <u>chronic nephritis</u> (Secondary) (Duration) <u>2 yrs. 4 mos. 4 ds.</u>		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>Machinist</u>			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____		
(b) General nature of industry, business or establishment in which employed (or employer) _____			Did an operation precede death? <u>No</u> Date of _____		
9 BIRTHPLACE (city or town) <u>Covington Ky</u> (State or country)			Was there an autopsy? <u>No</u>		
PARENTS	10 NAME OF FATHER <u>George Mohr</u>	What test confirmed diagnosis? _____			
	11 BIRTHPLACE OF FATHER (city or town) <u>Germany</u> (State or country)	(Signed) <u>R. du Bud A., M. D.</u>			
	12 MAIDEN NAME OF MOTHER <u>Hannah Kemphaus</u>	<u>Sept 25 1930</u> (Address) <u>Covington Ky</u>			
	13 BIRTHPLACE OF MOTHER (city or town) <u>Germany</u> (State or country)	*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.)			
14 (Informant) <u>N. S. Council</u> (Address) <u>Covington Ky</u>			19 PLACE OF BURIAL OR REMOVAL <u>Mother of God</u>	DATE OF BURIAL <u>9-26, 1930</u>	
15 Filed <u>9-24, 1930</u> <u>J. H. Riffe</u> Registrar			20 UNDERTAKER <u>John Middendorf Sons - City</u>		ADDRESS _____