

Rippe, Josephine Anna 1932 - 1934

Kentucky Post - July 11, 1934

RIPPE, Josephine Anna, beloved infant daughter of Joseph and Frances Rippe (nee Meyer), Tuesday, July 10, 1934, at the residence on Kuehrs-lane, Covington, Ky. age 10 months. Funeral Friday, July 13, at 7:30 a. m. from the late residence. Angel mass at Holy Cross Church at 8 a. m. Interment in Mother

Form V. S. 1-A-75m-3-30-32		COMMONWEALTH OF KENTUCKY		State Board of Health		BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		File No. <b>17513</b>	
1. PLACE OF DEATH										Registered No. _____	
County <u>Hunter</u>										Registration District No. <u>791</u>	
Vot. Pot. <u>See above</u>										Primary Registration District No. <u>5892</u>	
ING. TOWN _____										City _____	
City _____ (No. _____ St. _____ Ward _____)										(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME <u>Josephine Anna Rippe</u>											
(a) Residence, No. <u>Kuehrs-lane</u> 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>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>		21. DATE OF DEATH <u>July 10</u> , 19 <u>34</u>					
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		6. DATE OF BIRTH <u>Oct 21 - 1932</u>		7. AGE <u>1</u> <u>8</u> <u>19</u> <u>hrs.</u> <u>or</u> <u>min.</u>		22. I HEREBY CERTIFY, that I attended deceased from <u>June 25</u> , 19 <u>34</u> to <u>July 10</u> , 19 <u>34</u>					
8. Trade, profession, or particular kind of work done, as applanter, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:		Date of onset <u>6/20</u>	
12. BIRTHPLACE <u>Hunter County Ky</u>		13. NAME <u>Joseph Rippe</u>		14. BIRTHPLACE <u>Covington Ky</u>		15. MAIDEN NAME <u>Frances Meyer</u>		16. BIRTHPLACE <u>Covington Ky</u>		Contributory causes of importance not related to principal cause: <u>Many causes of the convulsions.</u>	
17. INFORMANT <u>Mr. Joseph Rippe</u>		(Address) <u>Hunter Co. Ky</u>		18. BURIAL, CREMATION OR REMOVAL Place <u>Mother of God</u> Date <u>July 12 34</u>		19. UNDERTAKER <u>John N. McLaughlin</u>		(Address) <u>917 m. Ave. 27</u>		20. FILED <u>July 11, 1934</u> <u>P.C. Williamson</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury _____		Where did injury occur? <u>No</u> (Specify city or town, county, and State)		Specify whether injury occurred in industry, in home, or in public place.		Manner of injury _____		Nature of injury _____		24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____	
(Signed) <u>John N. McLaughlin</u>		M. D. _____		(Address) <u>221 W 7th Ave</u>							