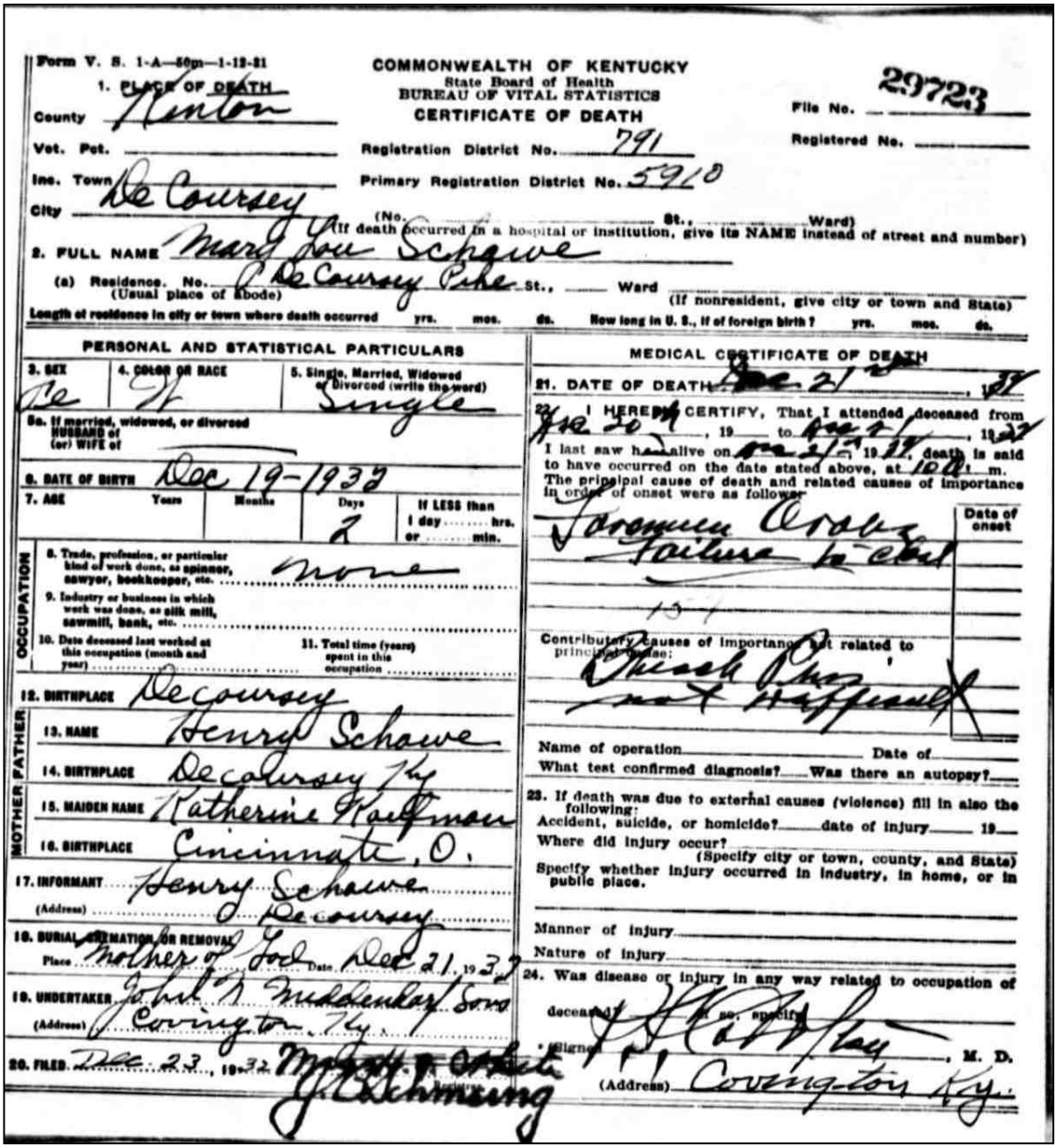

Form V. S. 1-A—50m—1-12-21

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

File No. 29723
Registered No.

1. PLACE OF DEATH
County Kenton
Vet. Pct.
Inc. Town
City De Coursey
Registration District No. 791
Primary Registration District No. 5910
(No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Lou Schawe

(a) Residence. No. De Coursey Pike 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: Fe
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 19-1932

7. AGE: Years | Months | Days: 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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:

MOTHER FATHER
12. BIRTHPLACE De coursey
13. NAME Henry Schawe
14. BIRTHPLACE De coursey Ky
15. MAIDEN NAME Katherine Kaufmann
16. BIRTHPLACE Cincinnati, O.

17. INFORMANT Henry Schawe
(Address) De coursey

18. BURIAL, CREMATION, OR REMOVAL
Place Mother of God Date Dec 21, 1932

19. UNDERTAKER John A. Middendorf Sons
(Address) Covington, Ky.

20. FILED Dec. 23, 1932 Myrtle Orbit
J. Schmaing

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 19 to Dec 21, 1932
I last saw her alive on Dec 21, 19 32, death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Pneumonia Broncho	
Failure to Rest	

Contributory causes of importance not related to principal disease:
Thrush Pneumonia not Happened

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? date of injury 19
Where did injury occur?
(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? (If so, specify)

Signed J. H. Cathey, M. D.
(Address) Covington Ky.