

Wulf, Joseph Anthony 1858 - 1932

Kentucky Post - October 12, 1932

ANTHONY WULF SR.

Anthony Wulf Sr., 73, died late Tuesday at the home of his daughter, Mrs. O. Armstrong, 3148 Clifford-av., Covington. Wulf, a retired painter, was a resident of Covington for 45 years. He formerly lived at 530 W. 13th-st., Covington.

Wulf is survived by one son, Anthony Jr.; two daughters, Mrs. H. T. Dorning and Mrs. R. H. Miller, and six grandchildren. John N. Middendorf Sons, Covington undertakers, are in charge.

24077

Form V. S. 1-A-57m-11-1-29

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

1 PLACE OF DEATH
County Newton

Vol. Pat. _____ Registration District No. 790

Inc. Town _____ Primary Registration District No. 2290

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

2 FULL NAME Joseph Anthony Wulf

(5) Residence. No. 3148 Clifford 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				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>Oct - 13, 1932</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Caroline Xambeson</u>				22. I HEREBY CERTIFY That I attended deceased from <u>Oct 1, 1932 to Oct 11, 1932</u>	
6. DATE OF BIRTH (month, day, and year) <u>Dec. 3, 1859</u>				I last saw <u>deceased</u> alive on <u>Oct 11, 1932</u> death is said to have occurred on the date stated above, at _____ m.	
7. AGE Years <u>72</u> Months <u>10</u> Days <u>8</u> If LESS than 1 day _____ hrs. or _____ min.				The principal cause of death and related causes of importance in order of onset were as follows:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			<u>Coronary Sclerosis</u> <u>(Arteriosclerosis)</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation _____				Contributory causes of importance not related to principal cause:	
12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
MOTHER FATHER	13. NAME <u>don't know</u>			Name of operation _____ Date of _____	
	14. BIRTHPLACE (city or town) (State or country)			What test confirmed diagnosis? _____ Was there an autopsy? _____	
	15. MAIDEN NAME <u>don't know</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____	
	16. BIRTHPLACE (city or town) (State or country)			Where did injury occur? _____ (Specify city or town, county, and State)	
17. INFORMANT (Address) <u>Mrs. Catherine Armstrong</u>				Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL (Address) <u>Mother of God</u> Date <u>Oct. 14, 1932</u>				Manner of injury _____	
19. UNDERTAKER (Address) <u>John H. Muddenden</u>				Nature of injury _____	
20. FILED <u>Oct 13, 1932</u> Registrar <u>W. H. White</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____	
				(Address) <u>503 Campbell Ave. Ky.</u>	