

Sommers, Infant of Anthony & Louise 1917 - 1917

FORM V - 1-1908 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jefferson
Vol. No. _____
Ino. Town _____
City Louisville (No. 2900 Wisconsin St., 2 Ward)

File No. 11427
Registered No. 1376
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Infant of Anthony & Louise Sommers

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH April 1, 1917
(Month) (Day) (Year)

7 AGE _____
IF LESS than 1 day, here of min.?

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

9 BIRTHPLACE (State or country) Louisville Ky

PARENTS

10 NAME OF FATHER Anthony Sommers
11 BIRTHPLACE OF FATHER (State or country) Organized Ohio
12 MAIDEN NAME OF MOTHER Louise Whelan
13 BIRTHPLACE OF MOTHER (State or country) Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anthony Sommers
(Address) 2900 Wisconsin

15 Filed _____ 1917
REGISTRAR W. H. Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 1, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1917, to April 1, 1917, that I last saw him April 1, 1917, and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH was as follows:
Still Born
(Duration) . . . yrs. . . mos. . . ds.

Contributory (Secondary) _____
(Duration) . . . yrs. . . mos. . . ds.
(Signed) Paul H. Shaw and James M. D.
April 2, 1917. (Address) 2823 Harrison

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death _____ yrs. . . mos. . . ds. In the State _____ yrs. . . mos. . . ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Louis Cemetery DATE OF BURIAL April 2, 1917
20 UNDERTAKER Nottingham ADDRESS 3101 13th

11-3184

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

Every item of information should state CAUSE OF DEATH and OCCUPATION is very important. See instructions on back of certificate.