

Louisville Times - May 5, 1934

SOMMERS—Thursday, May 3, 1934. at 11:15 p.m. Mary Schultz Sommers, beloved wife of Rudy Sommers, in her 45th year. Funeral Monday morning at 9:30 from the residence, 2501 Osage, and at 10 from St. Charles Borromeo Church. Interment in Calvary Cemetery

Form V. S. 1-A-50m-6-17-31

11937

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

1. PLACE OF DEATH  
County Jefferson  
Vot. Pct. \_\_\_\_\_  
Inc. Town \_\_\_\_\_  
City Louisville (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs Inez Mae Sommers  
(a) Residence No. 2501 R Osage 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE _____	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>	21. DATE OF DEATH <u>May 3</u> , 19 <u>34</u>		22. I HEREBY CERTIFY That I attended deceased from <u>July</u> , 19 <u>32</u> to <u>May 3</u> , 19 <u>34</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Rudy Sommers</u>			If last saw him/her alive on <u>May 1</u> , 19 <u>34</u> , <u>deceased</u> is said to have occurred on the date stated above, at <u>11:15 p.m.</u>		The principal cause of death and related causes of importance in order of onset were as follows:	
6. DATE OF BIRTH _____	7. AGE <u>45</u> Years Months Days	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	if LESS than 1 day ..... hrs. OF ..... min.		<u>Cornary Valerov</u> Date of onset _____	
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 _____	
12. BIRTHPLACE <u>Ky</u>			Contributory causes of importance not related to principal cause: <u>Angina</u>			
13. NAME <u>Charles Schultz</u>			Name of operation _____ Date of _____			
14. BIRTHPLACE <u>Ky</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____			
15. MAIDEN NAME <u>Mary Harrington</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 <u>Canada</u>			Where did injury occur? _____ (Specify city or town, county, and State)			
17. INFORMANT <u>Rudy Sommers</u>			Specify whether injury occurred in industry, in home, or in public place. _____			
(Address) <u>2501 Osage</u>			Manner of injury _____			
18. BURIAL, CREMATION, OR REMOVAL			Nature of injury _____			
Place <u>Calvary Cem</u> Date <u>5-7-34</u> 19 <u>34</u>			24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____			
19. UNDERTAKER <u>Loth Beyer &amp; Son</u>			(Signed) <u>Edmond H. Mahan</u> M. D.			
(Address) <u>711 C. Chalmers</u>			(Address) <u>628 Prairie Blk</u>			
20. FILED <u>MAY 5 1934</u>			Registrar, <u>N. A. Ferguson</u>			

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.