

Handorf, Joseph 1919 - 1923

Kentucky Post - January 22, 1923

**VON HANDORF**—Joseph, beloved son of Mr. and Mrs. Harvey Von Handorf (nee Toebe), Sunday, Jan. 21, 1923, at his home, 1909 Augustine-st., Covington, Ky., aged 4 years. Funeral Tuesday, Jan. 23, from late residence at 7:30 a. m. Angel mass at St. Augustine Church at 8 a. m. Interment Mother of God Cemetery.

Form V. S. 1-125m-6-19-19	
<b>1 PLACE OF DEATH</b> County <u>Kenton</u> Vot. Pct. <u>5</u> inc. Town <u>Covington</u> City <u>Covington</u>	
<b>COMMONWEALTH OF KENTUCKY</b> State Board of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. <u>790</u> Primary Registration District No. <u>2290</u> 1909 Augustine St. <u>5</u> Ward	
File No. <u>778</u> Registered No. <u>778</u> (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Joseph Van Handorf</u>	
<b>PERSONAL AND STATISTICAL PARTICULARS</b>	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>
5 MARRIAGE STATUS <u>Single</u>	6 DATE OF BIRTH <u>Nov 16 1919</u>
7 AGE <u>4</u> yrs. <u>2</u> mos. <u>5</u> ds.	8 OCCUPATION <u>Infant</u>
9 BIRTHPLACE (State or country) <u>Covington</u>	
10 NAME OF FATHER <u>Harvy Van Handorf</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Covington</u>	
12 MAIDEN NAME OF MOTHER <u>Josephine Toebe</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Covington</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Harvy Van Handorf</u> (Address) <u>1909 Augustine</u>	
15 FILED <u>Jan 22 1923</u> <u>J. P. Hiffer</u> Registrar	
<b>MEDICAL CERTIFICATE OF DEATH</b>	
16 DATE OF DEATH <u>Jan 21 1923</u>	
17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 15 1923</u> , to <u>Jan 21 1923</u> , that I last saw him alive on <u>Jan 21 1923</u> , and that death occurred on the date stated above at <u>11 a. m.</u>	
The CAUSE OF DEATH* was as follows: <u>Broncho Pneumonia</u>	
Contributory (Secondary) <u>La grippe</u>	
(Signed) <u>Wm. M. Logan</u> M. D.	
*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 <u>1</u> yrs. <u>6</u> mos. <u>4</u> ds. State <u>1</u> yrs. <u>6</u> mos. <u>4</u> ds.	
Where was disease contracted, if not at place of death? <u>Former or usual residence</u>	
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <u>Mother Of God Jan 23 1923</u>	
20 UNDERTAKER ADDRESS <u>John M Middendorf &amp; Son Covington Ky</u>	

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