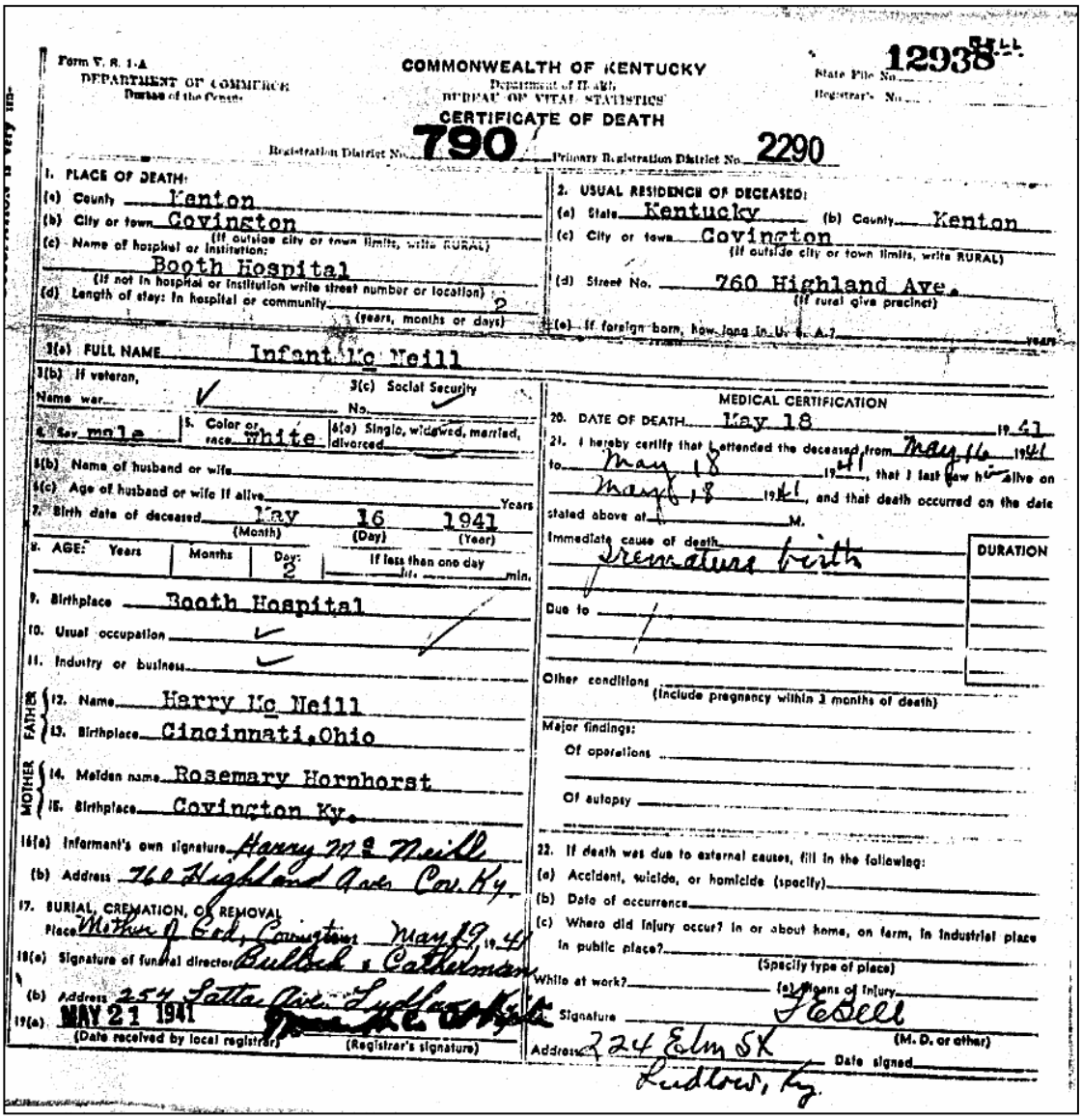

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS

State File No. 12938
Registrar's No.

CERTIFICATE OF DEATH

Registration District No. 790 Primary Registration District No. 2290

1. PLACE OF DEATH:
(a) County Kenton
(b) City or town Covington (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Booth Hospital (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community ? (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Kenton
(c) City or town Covington (If outside city or town limits, write RURAL)
(d) Street No. 760 Highland Ave. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? 1941?

3(a) FULL NAME Infant Mc Neill
3(b) If veteran, Name war ✓ 3(c) Social Security No. ✓
4. Sex male 5. Color or race White 6(a) Single, widowed, married, divorced
6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased May (Month) 16 (Day) 1941 (Year)
8. AGE: Years | Months | Day: 2 | If less than one day hrs. min.
9. Birthplace Booth Hospital
10. Usual occupation ✓
11. Industry or business ✓
FATHER 12. Name Harry Mc Neill
13. Birthplace Cincinnati, Ohio
MOTHER 14. Maiden name Rosemary Hornhorst
15. Birthplace Covington Ky.
16(a) Informant's own signature Harry Mc Neill
(b) Address 760 Highland Ave Cov. Ky.
17. BURIAL, CREMATION, OR REMOVAL Place Mother of God, Covington May 19, 41
18(a) Signature of funeral director Bullock & Cathelman
(b) Address 254 Latta Ave. Ludlow Ky
19(a) MAY 21 1941 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH May 18 1941
21. I hereby certify that I attended the deceased from May 16 1941 to May 18 1941, that I last saw h[illegible] alive on May 18 1941, and that death occurred on the date stated above at [illegible] M.

| Immediate cause of death | DURATION |
|---|---|
| Premature birth | |
| Due to / | |
| | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place in public place? (Specify type of place)
While at work? (d) Means of injury
Signature H. E. Bell (M. D. or other)
Address 224 Elm St Ludlow, Ky. Date signed