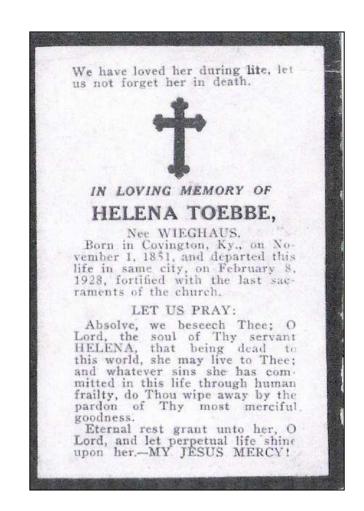
Kentucky Post - February 9, 1928

Bernard Toebbe, Wednesday, Feb. 8, 1928, at the home of her daughter, Mrs. F. J. Hohnhorst, 760 Highland-pike, Covington, Ky., aged 76 years: Funeral Saturday, Feb. 11, at 8:30 a. m., from the above residence. Solemn requirem high mass at St. Augustino Church at 9 a. m. Interment in Mother of God Cemetery.



Form V. 8.1-50m-8-23-27 COMMONWEALT	H OF KENTUCKY 100 0 Mayer. 10
COMEON WENCE	of Health
BUREAU OF VI	TAL STATISTICS
	E OF DEATH
	No. 790 Registered No.
Vot. Pot Registration District	No
ine. Town Primary Registration	n Dietrict No. 2290 In was all
Primary registration	n District No
City Coungland (No.	Water ( See Water)
(If dear occurred to	a hospital or institution, give its NAME instead of street and namber
2 FULL NAME Kenal Talble	The of Alan Color Can
11016-60	and the man man
(a) Residence. No. 7 60 1 Fightant	(If nonposident, give cits or toom and State)
(Usual place of abode)  Longth of residence in city or tows where death occurred yrs. mee.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 2 21 -1	The state of the s
COLOR OR RACE Single Married Widowed	16 DATE OF DEATH (Menth) (Day) (Year)
or Divorced	17
(write the word)	HEREBY CERTIFY, That I attended deceased
Ba If married, widowed, or divorced	from 200 8 - 1949, to Con 8 1928
(or) WIFE of Brown Joedhe	
DATE OF BIRTH MW. 1 - 1852	that I last saw her alive on Co
(Month) (Day) (Year	All and that death occurred on the date states above attached
	The CAUSE OF DEATH® was as follows:
AGE IF LESS than	Charles Callered
76 yrs. 3 mos. 7 ds. ormin	1 /1
OCCUPATION OF DECEASED	
(a) Trade, profession or	
particular kind of work	(Duration)yremoede.
b) General nature of Industry,	Contributory arterio Solerosio
business or establishment in which employed (or employer)	(Secondary)
which employed (or employer)	(Duration)
BIRTHPLACE (city or town)	IS WHERE WAS DISEASE CONTRACTED
(State or country)	The state of the s
16 NAME OF FATHER TO AND WALLES	If not at place of death?
I HAVE TO THE MONTH	Did an operation precede death?Date of
11 BIRTHPLACE	Was there an autopsy?
II BIRTHPLACE OF FATMING (city or town)	Ct. 12
	What test confirmed diagnosis?
OF MOTHER	(Signed) Marie Marie M. D.
IS BIRTHPLACE	6 19 mg 1 1 1
OF MOTHER (city or town)	Charte J. 1920. (Address) 15719 Holeway
totate or country)	Causes, state (1) Means and hature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for addi-
Water To Italian hims	Accidental, Suicidal or Homicidal. (See reverse side for addi-
(Informant)	Honal space.)
(Address) 160 try hland 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1/2 // ///	Mother Vodo CHII 28
Hed 49 1028 XFF 11 10 11	MUNDERTAKER ADDRESS
Biografia	A DURENT
	Mare Inddunder None
	Quin to 14
The same of the sa	carry run / y
	And a state of the