

Fraxmann, Louis 1915 - 1916

FORM V 5 1500M 6-20-11

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

1 PLACE OF DEATH  
County No. Franklin Co.  
Vot. Pct. F Registration District No. 570  
Inc. Town..... Primary Registration District No. 2290  
City.... Birmingham Ky. (No. W. W. W. Patton & Hancock, .. Ward) 6  
2 FULL NAME... Louis Fraxmann

File No. 11008  
Registered No. 259  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) <u>child</u>	16 DATE OF DEATH <u>April 6</u> , 191 <u>6</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Jan 4</u> , 191 <u>5</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 2</u> , 191 <u>6</u> , to <u>Apr 6</u> , 191 <u>6</u> , that I last saw h... alive on <u>Apr 5</u> , 191 <u>6</u> , and that death occurred on the date stated above at <u>7 A</u> m. The CAUSE OF DEATH* was as follows: <u>Broncho-pneumonia</u>	
7 AGE ... yrs. <u>15</u> mos. ... ds. IF LESS than 1 day... hrs. or... min.?			Duration) ... yrs. ... mos. ... ds. Contributory <u>Asthma from same</u> (Signed) <u>Jos. J. Glenn</u> , M. D. <u>Apr 6</u> , 191 <u>6</u> (Address) <u>Cor Ky.</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work... <u>child</u> (b) General nature of industry business or establishment in which employed (or employer).....			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.	
9 BIRTHPLACE (State or country) <u>Birmingham Ky.</u>			13 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 .....	
PARENTS	10 NAME OF FATHER <u>Joseph Fraxmann</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Birmingham Ky.</u>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Joseph Fraxmann</u> (Address) <u>W. W. W. Patton &amp; Hancock</u>	
	12 MAIDEN NAME OF MOTHER <u>Lana Haar</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Birmingham Ky.</u>	15 <u>April 7, 1916</u> <u>J. H. Schmeising</u> REGISTRAR	
	19 PLACE OF BURIAL OR REMOVAL <u>either of Gods</u>		DATE OF BURIAL <u>April 9, 1916</u>	
20 UNDERTAKER <u>Fraxmann &amp; Sons</u>		ADDRESS <u>Franklin Co. Ky.</u>		

11-3154