CITY OF COVINGTON, KY.

DEPARTMENT OF HEALTH. No. .....

No. 1127

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF DEATH. 569

1.—Full name of deceased, Maria Franxmann

2.—*White, ~~Colored.~~ 3.—*~~Male,~~ Female. 4.—Age, 44 years, ... months, —

5.—*~~Single,~~ Married, ~~Widower, Widow.~~ 6.—Occupation, Housework

7.—Place of birth, Covington Ky 8.—~~If foreign born, how long in U.S.~~

9.—How long resident in city, 44 years. 10.—Father's Name, Jos Wieghaus

11.—Father's birthplace, Germany 12.—Mother's Name, Maria " "

13.—Mother's birthplace, " "

14.—Place of death, No. 1712 Garrard St Ward 6th

15.—Place of Residence, No. " " Ward 6th

16.—Private, ~~Tenement, Public Institution~~ 17.—Date of death, Oct 23 1897

18.—Cause of death, { Remote or Predisposing Confinement
Immediate Uter Fibroma

19.—Duration of last illness, ... 20.—I certify that I attended the above named in his last

21.—Date of interment, Oct 26 1897 A. M. G. W. Walton

22.—Place of interment, Mother of Gods Mtn Address 1521 Scott St

Name of Undertaker, Simmons & Moore (Covington, Ky.)

* DRAW A LINE THROUGH WORDS NOT REQUIRED.