

Meyers, Mary Elizabeth Wieghaus 1863 - 1935

Kentucky Post – September 13, 1935

Mrs. Mary Elizabeth Meyers

Funeral services for Mrs. Mary Elizabeth Meyers, who died early Thursday at the home of her daughter, Mrs. J. C. Bishop, 3821 Church street, Covington, will be held at the Henry Linneman & Sons funeral home, Covington, Monday at 8:30 a. m. with solemn requiem high mass at St. Joseph Church at 9 a. m. Burial will be in Mother of God Cemetery. Mrs. Meyers was 72.

She was a life-long member of St. Joseph parish, and a member of the St. Ann's Married Ladies Society of the church.

She leaves one other daughter, Miss Hilda Meyers; two sisters, Mrs. Joseph Reising and Mrs. Katherine Zumdick, both of Covington, and one brother, Henry Wieghaus, Cincinnati.



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1. PLACE OF DEATH		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		File No. <u>22625</u>
County <u>Newton</u>	Vot. Prec. _____	Registration District No. <u>790</u>	Registered No. _____	
inc. Town _____	City <u>Livingston</u>	Primary Registration District No. <u>2290</u>	(No. _____ St. _____ Ward _____)	
2. FULL NAME <u>Mary Elizabeth Wieghaus Meyers</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)				
(a) Residence, No. <u>1210 Scott</u> St. _____ Ward _____ (Usual place of abode)				
Length of residence in city or town where death occurred <u>71</u> yrs. <u>11</u> mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH
3. SEX <u>♀</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>		21. DATE OF DEATH <u>September 12th</u> , 19 <u>35</u>
6a. If married, widowed, or divorced HUSBAND or WIFE of <u>Joseph Meyers</u>				I HEREBY CERTIFY, That I attended deceased from <u>May 12th</u> 19 <u>34</u> to <u>Sept. 12</u> 19 <u>34</u>
6. DATE OF BIRTH <u>October 8</u> 18 <u>63</u>				I last saw her alive on <u>Sept. 11</u> , 19 <u>34</u> death is said to have occurred on the date stated above, at <u>2:30</u> A.M.
7. AGE Years _____ Months <u>11</u> Days <u>4</u> IF LESS than 1 day _____ hrs. or _____ min.				The principal cause of death and related causes of importance in order of onset were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>plumber</u> , sawyer, bookkeeper, etc. <u>Home 9 mos.</u>			<u>Cervical vertebrae</u>
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>at home</u>			
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				Contributory causes of importance not related to principal cause: <u>Chronic nephritis</u>
12. BIRTHPLACE <u>Livingston, Ky.</u>				
FATHER	15. NAME <u>John Wieghaus</u>			
	14. BIRTHPLACE <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Basse</u>			
	16. BIRTHPLACE <u>Germany</u>			
17. INFORMANT <u>Mrs. J. C. Bissel</u> (Address) <u>3821 S. Lawrence St.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Methodist Church</u> Date <u>Sept. 16th</u> , 19 <u>35</u>				
19. UNDERTAKER <u>H. L. ...</u> (Address) <u>...</u>				
20. FILED <u>SEP 12 1935</u> 19. <u>Mrs. H. C. ...</u> Registrar.				
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.				Date of onset
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>				
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>				
Manner of injury _____ Nature of injury _____				
(Signed) <u>[Signature]</u> M. D. (Address) <u>503 Lippin Bldg. Cov. Ky.</u>				