

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4371

1 PLACE OF DEATH

County Madison

Vot. Pct.

Registration District No. 974

Inc. Town Berea

Primary Registration District No. 2371

City

(No. St. Ward)

File No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME August Krueger Age 43 6 9

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 MARRIAGE STATUS Married

6 DATE OF DEATH July 16, 1927

7 DATE OF BIRTH June 8, 1879

8 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1927 to Feb 16, 1927, that I last saw him alive on Feb 16, 1927, and that death occurred on the date stated above at 8:30 m.

9 AGE 47 yrs. 8 mos. 8 da. IF LESS than 1 day or hrs. min?

The CAUSE OF DEATH was as follows:

10 OCCUPATION (a) Trade, profession or particular kind of work Mfg of Lumber (b) General nature of industry, business or establishment in which employed (or employer)

Heart Failure

11 BIRTHPLACE (State or country) Germany

12 CONTRIBUTORY (Duration) yrs. mos. da. Chronic nephritis

13 NAME OF FATHER Fritz Krueger

(Signed) T. J. Robinson M. D. (Duration) yrs. mos. da. Feb 24, 1927 (Address) Berea, Ky

14 BIRTHPLACE OF FATHER (State or country) Germany

*State the Disease Causing Death, or, in deaths from violent causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

15 MAIDEN NAME OF MOTHER Hurricane Promer

16 IS 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?

17 BIRTHPLACE OF MOTHER (State or country) Germany

18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL W. A. Cox 2-18-27

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Fred Krueger

19 UNDERTAKER ADDRESS W. A. Cox W. A. Cox

(Address) W. A. Cox

20 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL W. A. Cox 2-18-27

21 FILED Feb 15, 1927 J. F. Dean Registrar

22 UNDERTAKER ADDRESS W. A. Cox W. A. Cox

WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.