

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 8765
Registered No. 346

1. PLACE OF DEATH
County Fayette
Vot. Pct. Asylum
Inc. Town Levinston
City Levinston

Registration District No. 500
Primary Registration District No. 2465

2. FULL NAME Fred Krueger
(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Rockcastle Co Ky St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH 1877 -

7. AGE 61 Years Months Days If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Laborer (Common)
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Germany

13. NAME Dead

14. BIRTHPLACE _____

15. MAIDEN NAME Dead

16. BIRTHPLACE _____

17. INFORMANT Eastern State Hospital
(Address) Levinston

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Vernon Ky Date Apr. 17, 1938

19. UNDERTAKER M. H. Cox
(Address) Mt. Vernon Ky

20. FILED 5/3, 1938 D. G. Furlong
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 17, 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 23, 1937 to April 17, 1938
I last saw him alive on April 17, 1938, death is said to have occurred on the days stated above, at 11 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:

Chronic interstitial Nephritis Date of onset _____

Contributory causes of importance not related to principal cause:
Psychosis with cerebral arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. C. McWilliams
(Address) Levinston