

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

P

28814

1 PLACE OF DEATH
County Rockcastle

File No. _____

Vot. Pct. 2 Registration District No. 1305

Registered No. _____

Inc. Town Mt Vernon Primary Registration District No. 7307

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

2 FULL NAME Tracy Krueger

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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 M 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of Ann E Krueger (or) WIFE of _____

6 DATE OF BIRTH 3 14 1925
(Month) (Day) (Year)

7 AGE 23 yrs. 6 mos. 17 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Contractor
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Germany (State or country) _____

PARENTS
10 NAME OF FATHER Leif Krueger
11 BIRTHPLACE OF FATHER (city or town) IL (State or country) _____
12 MAIDEN NAME OF MOTHER IL
13 BIRTHPLACE OF MOTHER (city or town) IL (State or country) _____

14 (Informant) Tracy Krueger
(Address) Mt Vernon

15 Filed _____, 19____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 3 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926 to Oct 3, 1927 that I last saw him alive on Oct 7, 1927 and that death occurred on the date stated above at 11:30 a.m. The CAUSE OF DEATH* was as follows:
Leuc.

Contributory (Secondary) Tuberc. (Duration) 20 yrs. _____ mos. _____ ds.
2 yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED? If not at place of death? Germany
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? Yes
(Signed) M. V. Cunningham, M. D.
1927 (Address) Mt Vernon Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Mt Vernon Ky DATE OF BURIAL Oct 22 1927

20 UNDERTAKER Miss Coy ADDRESS Mt Vernon

Important. See instructions on back of certificate.