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Form V. S. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 116-25865
Registrar's No. 1233
2290

Registration District No. 790 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY <u>KENTON</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>KY</u> b. COUNTY <u>KENTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>COVINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>COVINGTON</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>792 HIGHLAND AVE.</u>		d. STREET ADDRESS (If rural, give location) <u>792 HIGHLAND AVE.</u>	
3. NAME OF DECEASED a. (First) <u>BERNARD</u> b. (Middle) <u>DEVE</u> c. (Last) <u>DEVE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 25, 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JUNE 19, 1879</u>
9. AGE (In years last birthday) <u>70</u>	If Under 1 Year Months <u>6</u>	If Under 1 Year Days <u>6</u>	If Under 24 Hrs Hours <u>6</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAIRYMAN</u>		10b. INDUSTRY <u>TREKAMP DAIRY</u>	11. BIRTHPLACE (State or foreign country) <u>MORRIS, IND.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13. FATHER'S NAME <u>JOSEPH DEVE</u>	
14. MOTHER'S MAIDEN NAME <u>BERNADINA TREKAMP</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>HENRY DEVE</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>976X - 164C</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Covington - Kenton Ky</u>	
21d. TIME (Month) (Day) (Year) (Hour) <u>12-25-49 11 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Distal Bullet into R. Temple</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:00</u> p.m., from the causes and on the date stated above.			
23a. DATE SIGNED <u>12/27/49</u>	23b. ADDRESS <u>Covington, Kentucky</u>	23c. SIGNATURE (Degree or title) <u>Tressa Riffe Coroner</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 28, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOTHER OF GODS</u>	24d. LOCATION (City, town, or county) (State) <u>COVINGTON KY</u>
25a. DATE REC'D BY LOCAL REG. <u>DEC 27 1949</u>	25b. REGISTRAR'S SIGNATURE <u>Addie Overman</u>	26. FUNERAL DIRECTOR ADDRESS <u>HUGENBERG & GLINDMEYER 40 W. 6th COV. KY.</u>	