

30777

Form V. S. 1-A-50m-11-1-29

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

File No. _____
Registered No. _____

1 PLACE OF DEATH
County Newton

Registration District No. 790
Primary Registration District No. 2290
City Covington (If death occurred in a hospital or institution, give its NAME instead of street and number) St Elizabeth Hospital Covington, Ky

2 FULL NAME George W. Fedders
(a) Residence No. Senatobia Ky Rd. Ward Newton County
(Usual place of abode) (If non-resident, 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) Widowed

6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) July 5, 1859

7. AGE Years 79 Months 5 Days 0 If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Adam Fedders

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Stanley Fedders, Senatobia, Ky

18. BURIAL, CREMATION, OR REMOVAL St Marys Cemetery Dec 7, 1938

19. UNDERTAKER (Address) Wm. R. Miner, Senatobia, Ky

20. FILED Dec 9 1938 Mr. H. White (Address) Covington Ky

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938 to Dec 4, 1938

I last saw him alive on Dec 4, 1938, death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

<u>Prostatism</u>	Date of onset <u>8-10 yrs</u>
<u>Contributory causes of importance not related to principal cause:</u>	
<u>Pulmonary Embolism</u>	<u>just before death</u>

Name of operation Cystotomy Date of 11-22-38

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. R. Miner, M. D.
(Address) Covington Ky

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. E 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.