

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jefferson

Vol. Pst. 0

Inc. Town-S.....

City *Northville*

Registration District No. _____

Primary Registration Due

File No. 100-44488-Sub E-200000000

Serialized No. 8248

[If death occurred in a hospital or institution, give the State instead of street and number.]

2 FULL NAME Stephen J. Nave

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>M</i>	COLOR OF RACE <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i> (Write the word)
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6 DATE OF BIRTH *Nov 15, 1941*

PAGE 45 17 100 6 IF LESS than
1 day... 100
or... 100?

5 OCCUPATION
(a) Trade, profession, or particular kind of work..... *Umpire*
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) U.S.A.

10 NAME OF FATHER	Don't Know
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11 BIRTHPLACE
OF FATHER
(State or country): *Don't know*

13 MAIDEN NAME
OF MOTHER *Don't Know*

11 BIRTHPLACE
OF MOTHER
(State or country) *Southern New*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josephine Kane
(Address) 607 Jackson

Filed 11-20-64 by H E W. Scholz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct. 30, 1915.*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended above
from _____, 191 _____, 191 _____
that I saw _____, since on _____, 191 _____
and that death occurred on the date stated above
_____ m. The CAUSE OF DEATH was as follows:

Angina Pectoris

Contributory.....
(Occupation)..... (Duration)..... yrs..... mos..... ds.
Signed..... *G. L. H. Nyeau*, M. D.
11/11/1915 (Address)..... *Coconut*

15. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERRED OR RECENT RESIDENTS)

At place of death . . . yrs. . . mos. . . da. In the State . . . yrs. . . mos. . . da.
Where was disease contracted,
if not at place of death?
Former or
usual residence. 1

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Louis Cemetery No. 1	1895
UNDERSTANDER	ADDRESS
J. J. Garrett, Sr.	822 E. Main