

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

7803

File No.

Registered No. 28

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct.
Inc. Town Central City
City

Registration District No. 1087
Primary Registration District No. 235

(No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Sue Hancock

(a) Residence. No. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Single
Married
Widowed
or Divorced
(Write the word)

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

6 DATE OF BIRTH Oct 27 1927
(Month) (Day) (Year)

7 AGE 5 yrs. 1 mos. 1 ds. IF LESS than 1
day hrs.
or min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) Central City Ky
(State or country)

PARENTS

10 NAME OF FATHER Henry C. Hancock

11 BIRTHPLACE OF FATHER (city or town) Wester, Co.
(State or country)

12 MAIDEN NAME OF MOTHER Emendelyn Watkins

13 BIRTHPLACE OF MOTHER (city or town) Wester Ky.
(State or country)

14 (Informant) Henry C. Hancock
(Address) Central City Ky

15 Filed 3-28, 1928 A. L. Bradford
Registrar

MEDICAL CERTIFICATE OF DEATH16 DATE OF DEATH 3-28-1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from 3-10, 1928, to 3-28, 1928,
that I last saw her alive on 3-28, 1928,
and that death occurred on the date stated above at 2:30 p.m.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(Duration) yrs. mos. 9 ds.
Contributory (Secondary) Emphysema
(Duration) yrs. mos. 10 ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. T. Foley, M. D.
3-28, 1928 (Address) Central City 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 Shavers Fork DATE OF BURIAL Mar 29, 1928

20 UNDERTAKER J. B. Tucker ADDRESS Bremen Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE 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.