

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Wickliffe
Vol. No. North Ward
Inc. Town
City Central City, (No. North East State St.) Ward

Registration District No. 870
Primary Registration Dist. No. 2435

File No. 2552Registered No. 1

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

2 FULL NAME Jessie Marion Hennis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH November 5, 1872
(Month) (Day) (Year)

7 AGE 31 yrs. 1 mos. 27 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work General helper
(b) General nature of industry, business, or establishment in which employed (or employer) J. C. R. Kiesel

9 BIRTHPLACE (State or country) Wickliffe Ky

PARENTS
10 NAME OF FATHER Thomas R. Hennis
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Jessie J. Hain
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas R. Hennis
(Address) Central City Ky

15 Filed Jan 3, 1914 + A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 2nd, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1913, to Jan 2, 1914, that I last saw him alive on Jan 2, 1914, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Typhoid fever
(Duration) 27 ds.

Contributory (SECONDARY)
(Duration) 27 ds.
(Signed) J. P. Walton M. D.
Jan 20, 1914 (Address) Central City Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OR RECENT RESIDENTS)
At place of death 27 yrs. 1 mos. 27 ds. In the State 27 yrs. 1 mos. 27 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Sacramento, Ky DATE OF BURIAL Jan 3, 1914

20 UNDERTAKER Martin Moore ADDRESS Central City