

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

30843

1 PLACE OF DEATH
 County Muhlenberg
 Vol. Pot. Hillside Registration District No. 7136
 Ino. Town..... Primary Registration District No.
 City..... (No. St., Ward)
 2 FULL NAME Olga Emeline Henderson

File No.
 Registered No.
 (If death occurred in a hospital or institution, give its NAME (instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED, WIDOWED OR DIVORCED Married
 (Write the word)
 6 DATE OF BIRTH Mar. 29, 1884
 (Month) (Day) (Year)
 7 AGE yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?
 8 OCCUPATION
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry business or establishment in which employed (or employer)
 9 BIRTHPLACE (State or country) Ky.
 PARENTS
 10 NAME OF FATHER Mr. J. Edwards
 11 BIRTHPLACE OF FATHER (State or country) Ky.
 12 MAIDEN NAME OF MOTHER Rebecca Rucker
 13 BIRTHPLACE OF MOTHER (State or country) Ky.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 2, 1919
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1919, to Nov. 2, 1919, that I last saw her alive on Nov. 2, 1919, and that death occurred on the date stated above at 2 P.M. The CAUSE OF DEATH* was as follows:
Cardiac Asthonia
 (Duration) yrs. mos. ds.
 Contributory (SECONDARY) (Duration) yrs. mos. ds.
 (Signed) D. Braxton, M. D.
Nov. 2, 1919 (Address) Prescott Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES or (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE
 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
 At place of death yrs. mos. ds. In the State yrs. mos. ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence
 19 PLACE OF BURIAL OR REMOVAL Shury Grove B. G. Nov 3, 1919
 DATE OF BURIAL
 20 UNDERTAKER McDonal & DeWitt Greenville Ky
 ADDRESS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Margie Stringer
 (Address) Beverly Ky
 15
 Filed 1919 REGISTRAR

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.