

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

1 PLACE OF DEATH

County MuhlenbergVol. No. Bremen 19

Ino. Town

Registration District No. 722

City

Primary Registration District No.

2 FULL NAME

Edward Hendricks

(No.

St.,

Ward)

File No.

Registered No. 25
 [If death occurred in a
 hospital institution
 give its NAME instead of
 street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> (Write the word)
6 DATE OF BIRTH <u>Feb 19, 1914</u> (Month) (Day) (Year)		
7 AGE <u>4 yrs. 9 mos. 17 ds.</u> IF LESS than 1 day... hrs. or... min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>none</u> (b) General nature of industry, business or establishment in which employed (or employer)		

9 BIRTHPLACE
(State or country)Muhlenberg, O

10 NAME OF FATHER

W. M. Hendricks11 BIRTHPLACE OF FATHER
(State or country)Muhlenberg Co

12 MAIDEN NAME OF MOTHER

Lilly M. Garrett13 BIRTHPLACE OF MOTHER
(State or country)Muhlenberg Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Robertson(Address) Bremen Ky

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec 6, 1918
(Month) (Day) (Year)
 17 I HEREBY CERTIFY, THAT I attended deceased
 from Nov 30, 1918, to Dec 6, 1918,
 that I last saw him alive on Dec 6, 1918,
 and that death occurred on the date stated above
 at m. The CAUSE OF DEATH was as follows:
Broncho Pneumonia
following influenza
(Duration) yrs. 7 mos. ds.Contributory
(Secondary)(Duration) yrs. mos. ds.
 (Signed) C. R. Robertson, M. D.
Dec 6, 1918 (Address) Bremen 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, 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

St. John's Church

DATE OF BURIAL

12/7, 1918

20 UNDERTAKER

J. P. Tucker

ADDRESS

Bremen KyFiled Dec 7, 1918W. J. Gandy

REGISTRAR

 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. Ask about the
 cause of death in plain terms, so that it may be properly defined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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