

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County MuhlenbergVol. No. Sacramento Ky 114Registration District No. 7134File No. 23299

Loc. Town

Primary Registration Dist. No.

Registered No. 12

City

(No.)

St.

Ward

FULL NAME Francis Hendricks

[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 widow
(Write the word)6 DATE OF BIRTH May 15 1840
(Month) (Day) (Year)7 AGE 72 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) North Carolina10 NAME OF FATHER Thomas Norman11 BIRTHPLACE OF FATHER (State or country) North Carolina12 MAIDEN NAME OF MOTHER Don't know13 BIRTHPLACE OF MOTHER (State or country) North Carolina14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nellie Hendricks
(Address) Sacramento Ky15 Filed Aug 11, 1912 S. A. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 10, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191...., to 191....

that I last saw h^{er} alive on Sept 10, 1912, and that death occurred, on the date stated above, at 2.30 p.m.The CAUSE OF DEATH* was as follows:
Paralysis of the heart
(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) W. A. Moore, M. D.
7/2, 1912 (Address) Sacramento 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 residence19 PLACE OF BURIAL OR REMOVAL old Salem cemetery DATE OF BURIAL Sept 11, 191220 UNDERTAKER J. C. Holmes ADDRESS Sacramento KyWRITE PLAINLY, WITH EMPHASIS AND THIS IS A PERMANENT RECORD
11. B.—Every item of information should be carefully supplied. AGE should be stated IN FULL. Physicians should state CAUSE OF DEATH in plain words, so that it may be properly classified. Exact amount of OPERATIONS to be very important. See instructions on back of certificate.