FORM V S 1-500M 2-50-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

File No. 17991

Registered No. 8

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

1 PLACE OF DEATH
County Muhlenburg
Vol. Pct. Kill Dist. Registration District No. 713 C
Inc. Town Primary Registration District No.
City No. St., Ward)

2 FULL NAME Grace Stuart Hendricks.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married
6 DATE OF BIRTH: Feby (Month) 10th (Day) 1885 (Year)
7 AGE: 32 yrs. 2 mos. 24 ds. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Muhlenburg Co. Ky.

PARENTS
10 NAME OF FATHER: Ivy L. Stuart
11 BIRTHPLACE OF FATHER (State or country): Muhlenburg Co. Ky
12 MAIDEN NAME OF MOTHER: Cassie Dr Armour
13 BIRTHPLACE OF MOTHER (State or country): Muhlenburg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. D. Spears
(Address) Central City Ky.

15 Filed July ..., 191 7 Mrs. C. E. Crowley REGISTRAR

11—5184

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 4th (Day) 191 7 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch. 10, 191 7, to May 4, 191 7, that I last saw h[er] alive on Mch. 26, 191 7, and that death occurred on the date stated above at 2 p m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. O. Milton, M. D.
May 5, 1917. (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, 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 | DATE OF BURIAL ..., 191..

20 UNDERTAKER: Martin Armour | ADDRESS: Central City

11

WHITE PAPER, WHITE WRAPPING PAPER—THIN—BOOK PAPER OR PAPER MANUFACTURED FROM ANY OF THE ABOVE GRADES OF PAPER. CERTIFICATE OF DEATH. CERTIFICATE OF BIRTH. CERTIFICATE OF MARRIAGE. CERTIFICATE OF DIVORCE. CERTIFICATE OF ADOPTION. CERTIFICATE OF CHANGE OF NAME. CERTIFICATE OF CHANGE OF SEX. CERTIFICATE OF CHANGE OF RACE. CERTIFICATE OF CHANGE OF AGE. CERTIFICATE OF CHANGE OF OCCUPATION. CERTIFICATE OF CHANGE OF RESIDENCE. CERTIFICATE OF CHANGE OF MARITAL STATUS. CERTIFICATE OF CHANGE OF CITIZENSHIP. CERTIFICATE OF CHANGE OF NATIONALITY. CERTIFICATE OF CHANGE OF RELIGION. CERTIFICATE OF CHANGE OF POLITICAL PARTY. CERTIFICATE OF CHANGE OF SOCIAL SECURITY NUMBER. CERTIFICATE OF CHANGE OF DRIVER'S LICENSE NUMBER. CERTIFICATE OF CHANGE OF PASSPORT NUMBER. CERTIFICATE OF CHANGE OF VOTER REGISTRATION NUMBER. CERTIFICATE OF CHANGE OF MILITARY SERVICE NUMBER. CERTIFICATE OF CHANGE OF EMPLOYER. CERTIFICATE OF CHANGE OF EMPLOYMENT. CERTIFICATE OF CHANGE OF EDUCATION. CERTIFICATE OF CHANGE OF MEDICAL CONDITION. CERTIFICATE OF CHANGE OF MEDICAL TREATMENT. CERTIFICATE OF CHANGE OF MEDICAL PROVIDER. CERTIFICATE OF CHANGE OF MEDICAL INSURANCE. CERTIFICATE OF CHANGE OF MEDICAL BENEFICIARY. CERTIFICATE OF CHANGE OF MEDICAL POWER OF ATTORNEY. CERTIFICATE OF CHANGE OF MEDICAL DIRECTIVE. CERTIFICATE OF CHANGE OF MEDICAL ORGAN DONATION. CERTIFICATE OF CHANGE OF MEDICAL AUTOPSY. CERTIFICATE OF CHANGE OF MEDICAL CREMATION. CERTIFICATE OF CHANGE OF MEDICAL BURIAL. CERTIFICATE OF CHANGE OF MEDICAL DISPOSITION. CERTIFICATE OF CHANGE OF MEDICAL FUNERAL. CERTIFICATE OF CHANGE OF MEDICAL MEMORIAL. CERTIFICATE OF CHANGE OF MEDICAL OBITUARY. CERTIFICATE OF CHANGE OF MEDICAL NOTICE. CERTIFICATE OF CHANGE OF MEDICAL ANNOUNCEMENT. CERTIFICATE OF CHANGE OF MEDICAL PUBLICATION. CERTIFICATE OF CHANGE OF MEDICAL RECORD. CERTIFICATE OF CHANGE OF MEDICAL FILE. CERTIFICATE OF CHANGE OF MEDICAL CHART. CERTIFICATE OF CHANGE OF MEDICAL X-RAY. CERTIFICATE OF CHANGE OF MEDICAL LABORATORY REPORT. CERTIFICATE OF CHANGE OF MEDICAL PRESCRIPTION. CERTIFICATE OF CHANGE OF MEDICAL DIAGNOSIS. CERTIFICATE OF CHANGE OF MEDICAL PROGNOSIS. CERTIFICATE OF CHANGE OF MEDICAL TREATMENT PLAN. CERTIFICATE OF CHANGE OF MEDICAL FOLLOW-UP. CERTIFICATE OF CHANGE OF MEDICAL REFERRAL. CERTIFICATE OF CHANGE OF MEDICAL CONSULTATION. CERTIFICATE OF CHANGE OF MEDICAL SECOND OPINION. CERTIFICATE OF CHANGE OF MEDICAL THIRD OPINION. CERTIFICATE OF CHANGE OF MEDICAL FOURTH OPINION. CERTIFICATE OF CHANGE OF MEDICAL FIFTH OPINION. CERTIFICATE OF CHANGE OF MEDICAL SIXTH OPINION. CERTIFICATE OF CHANGE OF MEDICAL SEVENTH OPINION. CERTIFICATE OF CHANGE OF MEDICAL EIGHTH OPINION. CERTIFICATE OF CHANGE OF MEDICAL NINTH OPINION. CERTIFICATE OF CHANGE OF MEDICAL TENTH OPINION.