

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. 23500  
Registered No. 94

1 PLACE OF DEATH  
County Martin  
City Central City

Registration District No. 1087  
Primary Registration District No. 2435

2 FULL NAME John H. Hendricks  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX Male 4 COLOR OR RACE White 5 Single Widowed  
6a If married, widowed, or divorced HUSBAND OF  
(or) WIFE of \_\_\_\_\_  
6 DATE OF BIRTH December 20th 1848  
(Month) (Day) (Year)  
7 AGE 79 yrs. 9 mos. 3 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?  
8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work Physician  
(b) General nature of industry, business or establishment in which employed (or employer) Medical Doctor

9 BIRTHPLACE (city or town) (State or country) Kentucky  
PARENTS  
10 NAME OF FATHER Thomas H. Hendricks  
11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky  
12 MAIDEN NAME OF MOTHER Elizabeth Haynes  
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 (Informant) Pearl Hendricks  
(Address) Central City Ky

15 Filed 9-24-1928 A. L. Blaupied  
Registrar

MEDICAL CERTIFICATE OF DEATH  
16 DATE OF DEATH Sept 23rd 1928  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1928, to Sept 23, 1928, that I last saw him alive on Sept 23, 1928, and that death occurred on the date stated above at 3:20 p.m.  
The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis  
Contributory (Secondary) \_\_\_\_\_  
(Duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? \_\_\_\_\_  
Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis?  
(Signed) W. P. Halton M. D.  
Sept 24 1928 (Address) Central City Ky

19 PLACE OF BURIAL OR REMOVAL Grainland Cemetery DATE OF BURIAL 9/25/1928  
20 UNDERTAKER E. J. Anderson ADDRESS Central City Ky

WRITE PLAINLY IN 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.

TABLES PREPARED FOR MENSTRUATION