

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

20890

File No. _____

Registered No. 64**1 PLACE OF DEATH**County MuhlenbergVot. Pct. HillsideRegistration District No. 1087Inc. Town Central CityPrimary Registration District No. 2435

City _____

(No. _____ St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Luella Hendricks

(a) Residence. No. _____ St., _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single <u>Married</u> Married Widowed or Divorced (Write the word)
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5a If married, widowed, or divorced
HUSBAND of J. E. Hendricks
(or) WIFE of _____6 DATE OF BIRTH May 8, 1863
(Month) (Day) (Year)7 AGE 65 yrs. 1 mos. 27 ds.
IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work. Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) Ky
(State or country)

PARENTS	10 NAME OF FATHER <u>J. H. Hoffinger</u>
	11 BIRTHPLACE OF FATHER (city or town) <u>Ky</u> (State or country)
	12 MAIDEN NAME OF MOTHER <u>Sallie Wiggins</u>
	13 BIRTHPLACE OF MOTHER (city or town) <u>Ky</u> (State or country)

14 (Informant) J. E. Hendricks
(Address) c. c. R 37 D 315 Filed 7-5-28, 1928 A. D. Blaupied
Registrar**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH 7-5-28, 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 6-5, 1927, to 7-5, 1928 that I last saw her alive on 7-5, 1928 and that death occurred on the date stated above at 4 a.m. The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage
(Duration) _____ yrs. mos. ds.
Contributory Arteriosclerosis
(Secondary) _____
(Duration) 1 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. C. McNeil, M. D.7-5, 1928 (Address) Central City Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

20 UNDERTAKER Irish Cemetery July 6, 1928
Arthur Dowley ADDRESS Central City Ky

MACHINE REPRODUCED FOR RECORDING

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.

1782/28

9-15