

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

PLACE OF DEATH
County Muhlenberg
Vot. Pot. South Carrollton Registration District No. 7/21
Ino. Town..... Primary Registration District No.
City..... No. St., Ward)
2 FULL NAME Mrs. Mattie Hendricks

File No. 5878Registered No. 1

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (Write the word)
6 DATE OF BIRTH <u>Nov 4, 1862</u> (Month) (Day) (Year)		
7 AGE <u>57</u> yrs. <u>2</u> mos. <u>16</u> ds.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>H. H. Home</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>Housekeeper</u>		
9 BIRTHPLACE (State or country) <u>M. Leav Co. Ky</u>		

PARENTS

10 NAME OF FATHER <u>Samuel Coffman</u>
11 BIRTHPLACE OF FATHER (State or country) <u>M. Leav Co. Ky</u>
12 MAIDEN NAME OF MOTHER <u>Martha Weaver</u>
13 BIRTHPLACE OF MOTHER (State or country) <u>M. Leav Co. Ky</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. Woodburn
(Address) Central City Ky.

15 Filed Jan. 21, 1920 Carl H. Hooks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Jan 20, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1919, to Jan 20, 1920, that I last saw him alive on Jan 20, 1920, and that death occurred on the date stated above at 1:29 a.m. The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration).... yrs. mos. 11 ds.
Contributory Chronic Pulmonary Disease (SECONDARY) Imp. Lungs
(Duration).... yrs. mos. ds.
(Signed) Clarence Woodburn, M. D.
Jan 20, 1920 (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 <u>South Carrollton</u>	DATE OF BURIAL <u>Jan. 21, 1920</u>
20 UNDERTAKER <u>Martin Moore</u>	ADDRESS <u>Central City</u>