

17465

Form V. S. 1-B-100m-9-9-30

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

1 PLACE OF DEATH

County Martin

Vet. Pat. James J.

Inc. Town \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 1886

Primary Registration District No. 6814

File No. \_\_\_\_\_

Number of No. 17

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elron Hendrix

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. \_\_\_\_\_  
(If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) July 5-1893

7. AGE Years 33 Months 10 Days 13 If LESS than day hrs. or min. \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) Ky.

13. NAME Jake Hendrix

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

17. INFORMANT William Hendrix (Address) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Place \_\_\_\_\_ Date \_\_\_\_\_ 19. \_\_\_\_\_

19. UNDERTAKER J. B. Tucker (Address) Boonville, Ky.

20. FILED Aug 10 1932 Dollie Hendrix Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1931 to May 17, 1932

I last saw h. alive on May 17, 1932. death is said to have occurred on the date stated above, at 12:40 m. The principal cause of death and related causes of importance in order of onset were as follows:

Scalping of Heart

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Emm Watkins M. D. (Address) Boonville, Ky.

DEATH

should be carefully reported. Every item of information 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.