

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

31003

1 PLACE OF DEATH

County Martin

Vot. Pot. # 5

Registration District No. 852

Ino. Town Drakesboro

Primary Registration District No. 2437

City

(No. .... St., .... Ward)

File No. ....

Registered No. 35

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

2 FULL NAME Henderson Short

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced  
(Write the word)

6 DATE OF BIRTH May 10, 1897  
(Month) (Day) (Year)

7 AGE 19 yrs. 7 mos. 6 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Painter (b) General nature of industry business or establishment in which employed (or employer) Sawing Lumber

9 BIRTHPLACE (State or country) Heart County Ky.

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (State or country) Don't know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Rosa Langley  
(Address) Drakesboro Ky.

15 Filed 1/4, 1917 J. H. Kinnaman  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 21, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1916, to Dec 21, 1916, that I last saw him alive on Dec 21, 1916, and that death occurred on the date stated above at 10 a. m. The CAUSE OF DEATH\* was as follows:  
Pneumonia Developed  
Dec 14 Crampus bilateral  
Death heart failure  
(Duration) .... yrs. .... mos. .... ds.

Contributory (SECONDARY) ..... (Duration) .... yrs. .... mos. .... ds.

(Signed) J. G. Guendeff, M. D.  
Dec 21, 1916. (Address) Drakesboro 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 Heart County Ky. DATE OF BURIAL Dec 22, 1916

20 UNDERTAKER J. S. Stover ADDRESS Drakesboro

WRITE PLAINLY, WITH DARK 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 full, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.