

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

1 PLACE OF DEATH
County Muhlenberg

Vet. Post. _____
Inc. Town South Carrollton

City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME Josie Reed Hendal

File No. 26795

Registered No. 57

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug 15, 1894
(Month) (Day) (Year)

7 AGE 26 yrs. mos. da. If LESS than 1 day ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Muhlenburg

10 NAME OF FATHER William Hendal

11 BIRTHPLACE OF FATHER (State or country) Muhlenburg

12 MAIDEN NAME OF MOTHER Emma Gordon

13 BIRTHPLACE OF MOTHER (State or country) Christian Co Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Hendal
(Address) South Carrollton

15 Filed Oct 19, 1914 Cristopher
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Oct 19, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1914 to Oct 15, 1914, that I last saw him alive on Oct 15, 1914 and that death occurred, on the date stated above, at ____ m. The CAUSE OF DEATH* was as follows:

Paralysis

Contributory (SECONDARY) Infantile Paralysis
(Duration) ____ yrs. ____ mos. ____ da.
26 yrs. ____ mos. ____ da.

(Signed) J. M. Ferguson, M. D.
_____, 191____ (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. ____ da. in the State ____ yrs. ____ mos. ____ da.

Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL South Carrollton DATE OF BURIAL Oct 20, 1914

20 UNDERTAKER W. C. Hatcher ADDRESS South Carrollton

MARGIN RESERVED FOR BINDING

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—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.