

14124

File No.

Registered No.

130

1. PLACE OF DEATH

County HartleyVot. Prec. No. 1

Inc. Town

City HartleyRegistration District No. 655Primary Registration District No. 2235

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

2. FULL NAME Elva Hensley(a) Residence, No. Hartley St. West Ward (If accident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. Born long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OF HAIR B 5. Single, Married, Widowed, or Divorced (Circle the word) Married6a. If married, address of husband (or of last wife) Rob Redford6. DATE OF BIRTH Aug 47. AGE Years 76 Months 11 Days 11 Is less than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, or position, office, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, or all such as retail, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Trade (profession) in which deceased last worked at this occupation (month and year)

12. BIRTHPLACE Ky13. NAME Wash Bee14. BIRTHPLACE Ky15. MOTHER'S NAME Tabba16. BIRTHPLACE Tabba17. MARRIAGE Raymond Tabba(Address) Hartley Ky18. SPECIAL CHARACTER OR SYMBOL 5/14/3419. SIGNATURE Raymond Tabba(Address) Hartley Ky20. FILED 6/6 1934 6/13/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5/17 193422. I HEREBY CERTIFY, That I attended deceased from April 1934 to May 17 1934I last saw her alive on May 12, 1934 death is said to have occurred on the date stated above, at to.

The principal cause of death and related causes of importance in order of onset were as follows:

2 years ago

Contributory causes of importance not related to principal cause:

Carcinoma of NeckLeft Side (Lymph)Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violent) fill in also the following: Accident, suicide, or homicide? Date of injury 12

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? is an specify(Signed W. P. Cannon M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. WITH SPACING INK—THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. INSTRUCTIONS ON BACK OF CERTIFICATE.

Every item of information should be accurately supplied. AGES 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. INSTRUCTIONS ON BACK OF CERTIFICATE.