

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

22409

PLACE OF DEATH  
 County Harrison  
 Vol. No. No. 1 Registration District 12  
 Inc. Town Harrison Primary Registration District No. 2235  
 City \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 FULL NAME Henry Francis Hensley

File No. \_\_\_\_\_  
 Registrar No. 127  
 (If death occurred in a hospital or institution, give its name in full at direct and number.)

## PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white MARRIAGE STATUS Married  
(Write the word)

DATE OF BIRTH Feb 6, 1873  
(Month) (Day) (Year)

AGE 47 yrs. 7 mos. 11 ds. IF LESS THAN 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) North Carolina

NAME OF FATHER Washington Hensley

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Rutha Edwards

BIRTHPLACE OF MOTHER (State or country) North Carolina

IS THE ABOVE TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Regina Liers

(Address) Middleboro Ky

Filed 9/25, 1920 L. B. Caldwell  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15, 1920  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 14, 1920, to Sept 14, 1920, that I last saw him alive on Sept 14, 1920, and that death occurred on the date stated above at 5:15 p.m. The CAUSE OF DEATH was as follows:

Excitotoxic Tuberculosis

(Duration) 3 mos. no. da.  
 Contributory (Secondary) Dysentery

(Duration) 3 mos. no. da.  
 Signed W. B. Hensley, M. D.

Sept 14, 1920 (Address) Harrison Ky

\*Sign the Internal Cause of Death, or, in the case of a stillborn child, the cause of death, and (2) whether accidental, suicidal, or homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVELERS OR RECENT ARRIVALS)  
 At place of death yes no. da. State yes no. da.

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

PLACE OF BURIAL OR REMOVAL Carroll Ky DATE OF BURIAL 9/17, 1920

ADDRESS Harrison Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. D.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

Hensley and