

1921 England Census – Eve Denyer

Census date: 19 June 1921

Name	Eve Denyer
Sex	Female
Birth year	1856
Age	64 y 10 m
Relationship to head	Head
Marital status	Widowed
Birth place	Tunbridge Wells, Kent, England
Occupation	Office Cleaner
Employer	Gresham Assurance
Place of work	Gresham Assurance, 2 Poultry EG
Number of minor dependants	0
Person making return	Eve Denyer
Address	6 Burgundy Street, SE1
Parish	Camberwell
Registration district	Camberwell
Sub-district	North Camberwell
County	London, Surrey
Parliamentary borough or division	Camberwell PB, North Div.
District reference	RD 27 RS 4 ED 22

STRICTLY CONFIDENTIAL.

Please read the Instructions and Examples shown on the back, and then fill up the Schedule carefully and in Ink.

To be filled up by the Enumerator.
No. of
Schedule
285

NAME and SURNAME— <small>of every person who is alive at midnight on the night of Sunday, 23rd April, 1921, and who, whether or not he is the head of the household or establishment, or (1) person then engaged in the dwelling of the household or establishment, or (2) person then engaged in the dwelling of the household or establishment on the morning of Monday, 23rd April, and having already been enumerated elsewhere. <i>(See note on back sheet.)</i></small>	RELATIONSHIP to Head of Household <small>State whether "Head," "Wife," "Mother," "Son," "Daughter," "Sister," "Brother," "Other Relative," "Boarder," or "Servant." <i>(See Instruction No. 2.)</i></small>	AGE. <small>In years and months.</small>	SEX.	BIRTHPLACE or BIRTHCOUNTRY <small>For persons born in the United Kingdom, write the name of the County and of the Town or Parish. If born outside the United Kingdom, write the name of the Country and of the State, Division or County, or other place. <i>(See Instruction No. 3.)</i></small>	BIRTHPLACE and NATIONALITY.		PERSONAL OCCUPATION. <small>State here the precise branch of Professions, Trades, Manufactures, Services, &c. Where the occupation is connected with Trade or Manufacture, an entry should be added to show the particular kind of Work done, unless where applicable, the Material worked in, and the details made or dealt in, if any. <i>(See Instruction 6; see also Instructions 8 to 11, and Examples.)</i></small>	OCCUPATION and EMPLOYMENT.		PLACE of Work. <small>Give the address of each person's place of work. For a person with an regular place of work write "No fixed place." If the work is carried on mainly at home, write "At home." <i>(No entry is required for any person who is retired or out of work.)</i></small>	INFORMATION required only in respect of Married Men, Widowers and Widows. <small>Number and ages of all living children and step children under 16 years of age, whether enumerated on this Schedule or not, i.e., whether residing as members of the household or elsewhere. Enter number under column "Age" of child. For each child place a X in the column corresponding to its age. The number of crosses should be the same as the number shown in Columns 15.</small>
					(1) If born in the United Kingdom, write the name of the County and of the Town or Parish.	(2) If born outside the United Kingdom, write the name of the Country and of the State, Division or County, or other place.		(3) If retired or out of work, write "At rest."	(4) If working for an employer state the name and address of the employer, or, if at present out of work, of his last employer, adding "out of work." (5) If employed person for purposes of business, write "Own Account." <i>(Note.—For Domestic Services and others see general remarks, given in Form 7.)</i>		
1 Eve Denyer	Head	64 10	F	Tunbridge Wells, Kent	—	—	Office Cleaner	Gresham Assurance	Gresham Assur. 2 Poultry E.G.		
<p>This space to be filled up by the Enumerator.</p> <p>Registration District: 27 Enumeration District: 4 Name of person responsible for making the return: Eve Denyer Postal Address: 6 Burgundy St. SE1</p>											

To be filled up by the Enumerator.
Name of Enumerator: [Signature]
Signature: [Signature]

I declare that this Schedule is correctly filled up to the best of my knowledge and belief.

Signature: [Signature]
(Chief of Household, Manager of Establishment or other person responsible for making the return.)