FORM V. S. ... 10-15-10

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

7136

File No. 26818

Registered No. ......

1 PLACE OF DEATH

County Muhlenburg

Vot. Pct. Hillside

Inc. Town ......

City ...... (No. ...... St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Shelby Bean

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Infant

6 DATE OF BIRTH: Sept (Month) 3 (Day), 1913 (Year)

7 AGE: 1 yrs. 1 mos. 1 ds. If LESS than 1 day ... hrs, or ... min.?

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

9 BIRTHPLACE (State or country): Muhlenburg Co Ky

PARENTS

10 NAME OF FATHER: Frank Bean

11 BIRTHPLACE OF FATHER (State or country): Ky

12 MAIDEN NAME OF MOTHER: Alice Malone

13 BIRTHPLACE OF MOTHER (State or country): Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roy Goodloe

(Address) Muir Ky

15 Filed ......, 191 ...... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 4 (Day), 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1914, to Oct 4, 1914, that I last saw him alive on Sept 30, 1914, and that death occured, on the date stated above, at 8 A.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) ...... yrs. 6 mos. ...... ds.

Contributory (SECONDARY) ......

(Duration) ...... yrs. ...... mos. ...... ds.

(Signed) J. P. Walton, M. D.

Oct 4, 1914 (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. ... 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 ...... DATE OF BURIAL ......, 191...

20 UNDERTAKER ...... ADDRESS ......

N. B.—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.

11—3184