

COMMONWEALTH OF KENTUCKY

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4812

County Muhlenberg

File No.

Vot. Pot. TowderlyRegistration District No. 1093

Registered No.

Inc. Town

Primary Registration District No. 1093

City

(No. St., Ward)

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

2 FULL NAME Claude Hellesley

(a) Residence. No. St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Kattie Hellesley6 DATE OF BIRTH July 29, 1893
(Month) (Day) (Year)7 AGE 34 yrs. 6 mos. 29 ds. IF LESS than 1
day hrs.
or min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Miner

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) Muh. Co. Ky.
(State or country)

PARENTS

10 NAME OF FATHER J. M. Hellesley11 BIRTHPLACE OF FATHER (city or town) Ohio Co. Ky.
(State or country)12 MAIDEN NAME OF MOTHER Charline Harris13 BIRTHPLACE OF MOTHER (city or town) Muh. Co. Ky.
(State or country)14 (Informant) J. M. Hellesley
(Address) Towderly, Ky.15 Filed 2-29-28, 1928 C. B. Wickliffe,
By M. Wells Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 29, 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from, 19, to, 19

that I last saw h..... alive on, 19

and that death occurred on the date stated above at 1 1/2 m.

The CAUSE OF DEATH* was as follows:

Killed by falling slate
in Coal Mine.

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

Contributory (Secondary)

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

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. P. Galt, M. D.2129 1928 (Address) Greenville Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Greenville, Ky DATE OF BURIAL Feb-29, 192820 UNDERTAKER M. B. McDonald ADDRESS Greenville, Ky

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

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.

MAKING ENTRIES FOR INDEXING