

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-A  
 FEDERAL BUREAU OF INVESTIGATION  
 U. S. PUBLIC HEALTH SERVICE  
 NATIONAL OFFICE VITAL STATISTICS

# DELAY

COMMONWEALTH OF KENTUCKY  
 Department of Health  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

State File No. 8663  
 Registrar's No. 108

Registration District No. 1085 Primary Registration District No. 2486

1. PLACE OF DEATH: (a) County <u>Muhlenberg</u> (b) City or town <u>Greenfield, Ky.</u> (c) Name of hospital or institution: <u>Muhlenberg Community Hospital</u> (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community <u>1 Day</u> (years, month or days)	2. USUAL RESIDENCE OF DECEASED: (a) State <u>Kentucky</u> (b) County <u>Muhlenberg</u> (c) City or town <u>Perrod, Ky.</u> (If outside city or town limits, write RURAL) (e) If foreign born, how long in U. S. A.? <u>yes</u>
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3(a) FULL NAME Shelah Ann Mallory

3(b) If veteran, Name war \_\_\_\_\_ No. \_\_\_\_\_  
 3(c) Social Security No. \_\_\_\_\_  
 4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced \_\_\_\_\_  
 6(b) Name of husband or wife \_\_\_\_\_  
 6(c) Age of husband or wife if alive \_\_\_\_\_ Years  
 7. Birth date of deceased March 6 1947  
 (Month) (Day) (Year)  
 8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Perrod, Ky.  
 10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_

FATHER { 12. Name Sherman Girard Mallory  
 13. Birthplace Perrod, Ky.  
 MOTHER { 14. Maiden name Stella Marie Fleming  
 15. Birthplace Perrod, Ky.  
 16(a) Informant's own signature S. S. Mallory  
 (b) Address Perrod, Ky.

17. BURIAL, CREMATION OR REMOVAL  
 Place St. Michael Date Mar 19 1948  
 18(a) Signature of funeral director W. E. Guleson  
 (b) Address Central City, Ky.  
 19(a) 4-8-48 (Date received by local registrar)  
Marigalia Haly (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH 3/18 1948  
 21. I hereby certify that I attended the deceased from 3-16 1948  
 to 3-18 1948 that I last saw him alive on 3-18 1948 and that death occurred on the date stated above at \_\_\_\_\_ M.

Immediate cause of death myxoma DURATION \_\_\_\_\_  
 Due to asphyxia  
 Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
 Of operation 32 B  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
 (M. S. or other) \_\_\_\_\_  
 23. Signature J. P. Walton M.D.  
 Address Central City, Ky. Date signed Apr 17 48