

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

1 PLACE OF DEATH

County of Muhlenberg

Vet. Pot. 151 Registration District No. 7135

Ino. Town. Cleaton Ky. Primary Registration District No.

City (No.) St., Ward)

2 FULL NAME Shelley Lee Quisenberry

File No. 16807
Registered No. 123

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Oct 15, 1912
(Month) (Day) (Year)

7 AGE 8 yrs. 2 mos. 2 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER William Quisenberry

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Matilda Brown

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Quisenberry

(Address) Cleaton Ky.

15 Filed June 18, 1913 W Holloway
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 17, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1913, to June 16, 1913, that I last saw her alive on June 16, 1913, and that death occurred on the date stated above at 2 P.M. The CAUSE OF DEATH* was as follows:
Acute Bacterial Enteritis

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Dr Roy W. Wilkes, M. D.
June 18, 1913 (Address) Cleaton 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. State yrs. mos. ds.

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

19 PLACE OF BURIAL OR REMOVAL Worshipers Chapel DATE OF BURIAL June 18, 1913

20 UNDERTAKER J. L. Thomas ADDRESS Cleaton 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 located. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR INDEXING