

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 12684
Registered No. 43

1. PLACE OF DEATH

County MuhlenbergVot. Pct. West Central City

Inc. Town _____

Registration District No. 1187Primary Registration District No. 1814City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Doctor Harold Shadowen VETERAN, WHAT WAR? _____(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, Widowed or Divorced (write the word) _____5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH Dec. 5, 19377. AGE
Years Months Days If LESS than
1 day.....hrs.
or.....min.
5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Montgomery, W. Va.13. NAME Vernon Shadowen14. BIRTHPLACE Clanton, Kentucky15. MAIDEN NAME Glady's Stewart16. BIRTHPLACE Muhlenberg Co., Ky.17. INFORMANT Luster Stewart(Address) Central City, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Miller Date May 26, 193819. UNDERTAKER Arthur's? M. M. M. M.(Address) Central City, Ky.20. FILED 5/26, 1938 _____
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 22, 1938 to May 26, 1938I last saw him alive on May 24, 1938; death is said to have occurred on the date stated above, at 3 a. m. The principal cause of death and related causes of importance in order of onset were as follows:Dis-collitis

Date of onset

May2038

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 1938Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. J. Fitzhugh M. D.(Address) Central City, Ky.

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 properly classified. Exact statement of OCCURRENCE is very important. See Instruct. on back of certificate.