

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County

Muhlenberg

CERTIFICATE OF DEATH

File No.

Vot. Pol.

Elect

Registration District

(D)

Registered No. *38*

Ino. Town

Electon, Ky

Primary Registration District

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

City

2 FULL NAME

James A. Shadovens

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the date)

male white married

6 DATE OF BIRTH

June 11, 1848

7 AGE

72 yrs. 11 mos. 15 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)

Coal miner

9 BIRTHPLACE

(State or country)

Ky

10 NAME OF FATHER

Tom Shadovens

11 BIRTHPLACE OF FATHER (State or country)

West Virginia

12 MAIDEN NAME OF MOTHER

Covington

13 BIRTHPLACE OF MOTHER (State or country)

West Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

*Geo Kasher
Electon, Ky*

15

Filed *May 28, 1921*

20th Moon

REGISTRAR

16 DATE OF DEATH

May 27, 1921

17

I HEREBY CERTIFY, That I attended deceased

from *April 2, 1921* to *May 27, 1921* that I last saw him alive on *May 15, 1921* and that death occurred on the date stated above at *10 a.m.* The CAUSE OF DEATH was as follows:

Int. Nephritis

(Duration) *2 mos. 1 d. ds.*

Contributory (SECONDARY)

(Duration) *1 yr. 3 mos. ds.*

Signed

*Le Roy Wilkes, M. D.
May 25, 1921
Address: *Electon, Ky**

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE

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

DATE OF BURIAL

Mt Zion

May 28, 1921

UNDERTAKER

ADDRESS

J. Thomas

Electon

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.