

7122

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

PLACE OF DEATH
County Muhlenberg
Vol. Pat. Bremen
Ino. Town No. 2
City (No. St. Ward)

File No. 18157
Registered No. 256

FULL NAME Farley Shanks

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
6 DATE OF BIRTH <u>Sept. 20, 1889</u> (Month) (Day) (Year)		
7 AGE <u>22 yrs. 10 mos. 0 ds.</u> 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) <u>None (Imbecile)</u>		

9 BIRTHPLACE (State or country) <u>Muhlenberg Co Ky.</u>	
PARENTS	10 NAME OF FATHER <u>Thos. Shanks</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co Ky.</u>
	12 MAIDEN NAME OF MOTHER <u>Eliza Ann Wright</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg Co Ky.</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Farley Bruce
(Address) Sighton Ky.

15 Filed July 21, 1912 W.C. Grundy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>July 20, 1912</u> (Month) (Day) (Year)
17 I HEREBY CERTIFY That I attended deceased from <u>July 14, 1912</u> to <u>July 20, 1912</u> , that I last saw him alive on <u>July 18, 1912</u> , and that death occurred, on the date stated above, at <u>4 1/2</u> p.m. The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis
about 5
(Duration) yrs. mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) W.B. Threlkeld, M.D.
July 20, 1912 (Address) Bremen 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. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL <u>Charlie's Chapel.</u>	DATE OF BURIAL <u>July 21, 1912</u>
20 UNDERTAKER <u>B. Stewart</u>	ADDRESS <u>Bremen</u>