

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20344

1 PLACE OF DEATH

County MuhlenbergVol. Pat. Bremen

Inc. Town _____

City _____

Registration District No. 1086Primary Registration District No. 6813

(No. _____ St. _____ Ward)

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

File No. _____

Registered No. 1072 FULL NAME J. H. Shanks

(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. New long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Wife</u> Widowed or Divorced (Write the word)
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5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6 DATE OF BIRTH Feb 16 1917
(Month) (Day) (Year)7 AGE 11 yrs. 6 mos. 11 ds.
IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Scholar
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) _____
(State or country) _____

PARENTS	10 NAME OF FATHER <u>J. P. Shanks</u>
	11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) _____
	12 MAIDEN NAME OF MOTHER <u>Mary Bruce</u>
	13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____

14 (Informant) J. P. Shanks
(Address) Central City15 Filed Sept 5, 1921 Dollie Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 24 1920
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from _____, 19____, to _____, 19____

that I last saw h..... alive on _____, 19____

and that death occurred on the date stated above at 8 A.M.

The CAUSE OF DEATH* was as follows:

Crushed under a fall of gravel
Unavoidable accidentContributory _____
(Secondary) _____18 WHERE WAS DISEASE CONTRACTED
(Duration) _____ yrs. _____ mos. _____ ds.

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) R. B. Allen Corcoran
8/27, 1930 (Address) Central City Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

Mr. Rigala Aug 29, 192020 UNDERTAKER J. B. Tucker ADDRESS Bremen

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 classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKING UNNECESSARY FOR INDEXING