

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20743
3

1 PLACE OF DEATH

County MuhlenbergVet. Pat. Brewer

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. 172 FULL NAME Raymond H. Shank

(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 single
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH Aug 7 1916
(Month) (Day) (Year)7 AGE 14 yrs. 20 mos. 20 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) _____10 NAME OF FATHER J. P. Shank11 BIRTHPLACE OF FATHER (city or town)
(State or country) _____12 MAIDEN NAME OF MOTHER Mary Brewer13 BIRTHPLACE OF MOTHER (city or town)
(State or country) _____14 (Informant) J. P. Shank(Address) Central City15 Filed Sep. 5 1931 Dollie Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 27 1931
(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 h.
The CAUSE OF DEATH* was as follows:Crushed under a fall of board
unavoidable accidentContributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

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, Coroner
8/27, 1931 (Address) Central City Ky*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 addi-
tional space.)19 PLACE OF BURIAL OR REMOVAL St. Piggah DATE OF BURIAL Aug 29 193120 UNDERTAKER J. B. Shucker ADDRESS Brewer

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.

RECORDS MAINTAINED FOR 100 YEARS