

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Prec. Nash District No. 871

Inc. Town..... Primary Registration District No. 7137

City..... (No..... St..... Ward.....)

District No. 871

Primary Registration District No. 7137

File No. 1150

Registered No. 1150

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

2 FULL NAME Washington C. Shannon

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

16 DATE OF DEATH June 24, 1914
(Month) (Day) (Year)

6 DATE OF BIRTH Oct 4, 1838
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July, 1914, to June 24, 1914, that I last saw him alive on June 24, 1914, and that death occurred on the date stated above at 6 p.m. The CAUSE OF DEATH* was as follows:
Epithelioma

7 AGE 75 yrs. 8 mos. 20 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business or establishment in which employed (or employer).....

..... (Duration)..... yrs..... mos..... ds.
Contributory..... (Secondary)
..... (Duration)..... yrs..... mos..... ds.
(Signed) B. G. Casper, M. D.
June 25, 1914 (Address) Deport, Ky.

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Henry Shannon

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Clemmons

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. C. Shannon

(Address) Deport, 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.....

15 June 25, 1914 W. A. Braullier

19 PLACE OF BURIAL OR REMOVAL Union Chapel DATE OF BURIAL June 25, 1914

20 UNDERTAKER Shannon ADDRESS Deport, Ky.

WRITE PLAINLY, WITH NEARLY NEAR-TYPE IN A PERMANENT INK.

Be sure to fill in the blank spaces. Do not check any boxes unless you are sure of the information. Do not check any boxes unless you are sure of the information. Do not check any boxes unless you are sure of the information.