

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHPLACE OF DEATH
County Muhlenberg

Vol. Pat.

Registration District No. 870File No. 2555

Inc. Town

Primary Registration Dist. No. 2438Registered No. 6City Central City (No. St.) Ward)

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

FULL NAME Catherine Shaver

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)6 DATE OF BIRTH June 24, 1828
(Month) (Day) (Year)7 AGE 83 yrs. 7 mos. 5 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)9 BIRTHPLACE (State or country) Muhlenberg Co Ky10 NAME OF FATHER Jesse Helsh11 BIRTHPLACE OF FATHER (State or country) W. Va12 MAIDEN NAME OF MOTHER Sarah Landz13 BIRTHPLACE OF MOTHER (State or country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Coffman
(Address) Central City Ky15 Filed Jan. 29, 1914 A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH June 29, 1914
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 27, 1914, to June 29, 1914, that I last saw her alive on June 28, 1914 and that death occurred, on the date stated above, at 11:20 a.m.
The CAUSE OF DEATH* was as follows:Parotitis agitata(Duration) 1d yrs. mos. ds.Contributory Infinites of age
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Charles Woodburn, M. D.
Jan. 29, 1914 (Address) Central City Ky

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

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ORRecent 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 residence19 PLACE OF BURIAL OR REMOVAL Bremen, Kentucky DATE OF BURIAL Jan. 30, 191420 UNDERTAKER Mattie Moore ADDRESS Central City, Ky.