

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 19410
Registered No. _____

PLACE OF DEATH

County Mitchell

Vet. Pct. _____ Registration District No. 1095

Inc. Town Greenville Ky Primary Registration District No. 2434

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph A. Shaver

(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 Married
Married Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6 DATE OF BIRTH March 4 - 1854
(Month) (Day) (Year)

7 AGE 73 yrs. 5 mos. 13 ds. IF LESS than 1
day _____ hrs.
or _____ min?

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

9 BIRTHPLACE (city or town) _____
(State or country) Mitchell Co Ky

10 NAME OF FATHER Peter Shaver

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Mitchell Co Ky

12 MAIDEN NAME OF MOTHER Lolena McIntyre

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Mitchell Co Ky

14 (Informant) Mrs. Ed. S. Wood
(Address) Greenville Ky

15 Filed 8/18/27 C. B. Wickliffe
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 17, 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from Aug 4, 1927, to Aug 13, 1927,
that I last saw him alive on Aug 13, 1927,
and that death occurred on the date stated above at 9 A.M.
The CAUSE OF DEATH* was as follows:

acute nephritis

(Duration) _____ yrs. _____ mos. 13 ds.

Contributory (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) L. P. Moore M. D.
Aug 31, 1927 (Address) Greenville 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 additional space.)

19 PLACE OF BURIAL OR REMOVAL Greenville Ky DATE OF BURIAL Aug 18, 1927

20 UNDERTAKER M. B. McDonald ADDRESS Greenville Ky

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. That it may be properly classified. Exact sex, sex, and occupation is very important. See instructions on back of certificate.