

1. PLACE OF DEATH

County Muhlenberg

Vet. Pct. _____

Inc. Town Greenville

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Alvin Shelton(a) Residence. No. _____ St. _____ Ward Original 17377
(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 <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH <u>April 19 - 1906</u>				
7. AGE <u>30</u>	Years	Months <u>1</u>	Days <u>29</u>	If LESS than 1 day.....hrs. or.....min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Coal mines</u>				
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE <u>Muhlenberg Co Ky.</u>				
13. NAME <u>Fred Shelton</u>				
14. BIRTHPLACE <u>Muhlenberg Ky.</u>				
15. MAIDEN NAME <u>Fannie Dabblers</u>				
16. BIRTHPLACE <u>Muhlenberg Ky.</u>				
17. INFORMANT <u>Fred Shelton</u> (Address) <u>Greenville Ky.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Reynolds</u> Date <u>June 17</u> , 19 <u>36</u>				
19. UNDERTAKER <u>Augustus Elliott</u> (Address) <u>Greenville Ky.</u>				
20. FILED <u>6-18</u> , 19 <u>36</u> <u>R.P. Conzler</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH <u>6-18</u> , 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw h_____ alive on _____, 19____ death is said to have occurred on the date stated above, at <u>12 P.M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Death by fire</u> <u>house burning up</u> <u>18/10</u>
Date of onset _____
Contributory causes of importance not related to principal cause: _____

Name of operation _____	Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>Body burned up</u>	Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
(Signed) <u>Lennie Bryan</u>	M. D.
(Address) <u>Central City Ky.</u>	

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIAN 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.

MARGIN RESERVED FOR BINDING