

Original

17379

Form V. S. 1-A-50m-4-17-31

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

File No. \_\_\_\_\_

Registered No. 49

1. PLACE OF DEATH

County Martin

Registration District No. 1093

Inc. Town \_\_\_\_\_

Primary Registration District No. 2436

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

2. FULL NAME

Alvin J. Shelton

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward Duplicate 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 m. 4. COLOR OR RACE Col 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH Jan 27 - 1929

7. AGE 6 Years 5 Months 9 Days 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. School Child  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE Ky.

13. NAME Alvin Shelton

14. BIRTHPLACE Ky.

15. MAIDEN NAME Etiza Jones

16. BIRTHPLACE Ky.

17. INFORMANT Fred Shelton  
(Address) Greenville Ky.

18. BURIAL, CREMATION, OR REPOSITORY  
Place Raynolds Date July 18 1936

19. UNDERTAKER Augustine S. Galtott  
(Address) Greenville Ky.

20. FILED 6-18 36 R. P. Crouble  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6-18, 1936

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 \_\_\_\_\_ m.  
The principal cause of death and related causes of importance in order of onset were as follows:

death by fire  
home burning up  
1936

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 \_\_\_\_\_  
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 Body burned up  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed Louise Bryan M. D.  
(Address) Central City Ky.

MARGIN RESERVED FOR BINDING  
D. Every item of information 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.  
N. B. WRITE PLAINLY, WITH FADING 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.