

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

1 PLACE OF DEATH

County Muhlenberg

Vol. No. E. Proquest 97 Registration District No. 871

Inn. Town..... Primary Registration District No. 7132

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

2 FULL NAME Blondy Shelton

2557

File No.

Registered No. 3

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

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 1
(Month) (Day) (Year)

7 AGE 70 yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Kentucky

PARENTS
10 NAME OF FATHER not known
11 BIRTHPLACE OF FATHER (State or country) " "
12 MAIDEN NAME OF MOTHER " "
13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. L. Fisher
(Address) Greenville, Ky.

15 Jan 1, 1913 V. H. Brantley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 10th 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1913, to Jan 1, 1913, that I last saw her alive on Jan 1, 1913, and that death occurred on the date stated above at 6 A.M. The CAUSE OF DEATH* was as follows:

Hypertrophy of the heart

Contributory..... (SECONDARY).....
(Duration)..... yrs..... mos..... ds.
(Signed) O. P. Shelton, M. D.
Jan 10, 1913. (Address) Greenville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES (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. State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL Poor House Farm DATE OF BURIAL Jan 10, 1913

20 UNDERTAKER McDonald & Dewitt ADDRESS Greenville, Ky.

Per M. B. McDonald

NAME INDEXED FOR YEARS

WRITE PLAINLY WITH INK. THIS IS A PERM. COPY. EVERY TYPE OF INK SHOULD BE USED. ALL CHARACTERS SHOULD BE CLEARLY SHOWN. SHOW DATE OF DEATH IN PLAIN TERMS, AS THAT IT MAY BE PROBABLY CONFUSED. INK SHOULD BE OF GOOD QUALITY IS VERY IMPORTANT. See instructions on back of certificate.