

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

17380

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

Registered No. 501. PLACE OF DEATH  
County MuhlenbergVot. Pat. \_\_\_\_\_  
Inc. Town Greenville KyRegistration District No. 1093Primary Registration District No. 2436

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

2. FULL NAME Eliza Shelton  
(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 F 4. COLOR OR RACE Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH Aug. 16 - 19007. AGE 35 Years 10 Months 28 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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Muhlenberg Co Ky.13. NAME Charlie Jones14. BIRTHPLACE Muhlenberg Ky15. MAIDEN NAME Lula Bondall16. BIRTHPLACE Muhlenberg Ky17. INFORMANT Lula Jones(Address) Greenville B. 3.

18. BURIAL, CREMATION, OR REMOVAL

Place Reynolds Date June 19, 192919. UNDERTAKER August S. Elliott(Address) Greenville Ky20. FILED 6-18, 1929 R. P. Countler  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6-18, 1929

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death said to have occurred on the date stated above, at 12 m. The principal cause of death and related causes of importance in order of onset were as follows:death by fire home burning

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 in  
Nature of injury \_\_\_\_\_

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

(Signed) Lennie Bryan  
(Address) Central City Ky

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.