

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vol. No. # 8

Registration District No. 2409

Inc. Town Yosh, Ky

Primary Registration District No. 1098

File No. 9210

Registered No.

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

City (No. St. Ward)

2 FULL NAME George Shelton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Wh 5 Single Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH Aug 10 1953
(Month) (Day) (Year)

7 AGE 72 yrs. 5 mos. 0 ds. IF LESS than 1 day..... hrs. or..... min?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER William Shelton

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Janie Greenfield

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

15 Filed 192 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 12 1953
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3/9 1953, to 3/12 1953, that I last saw him alive on 3/11 1953, and that death occurred on the date stated above at 9 a.m.

The CAUSE OF DEATH^a was as follows: "Flu"
(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds. (Signed) E. M. Beasley, M. D. 4/11 1953 (Address) Beesch, Crk, Ky

^aState the Disease Causing Death, or, in deaths from violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,

If not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Friendship Burial 3/13 1953

20 UNDERTAKER Lewis Stueck ADDRESS Beesch, Crk, Ky

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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.

MAKING IMPROVED FOR 1953