

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. 17378  
Registered No. 51

## 1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. \_\_\_\_\_

Registration District No. 1093Inc. Town Greenville KyPrimary Registration District No. 2436City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Helena Isabel 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 <u>F</u>	4. COLOR OR RACE <u>Col</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH <u>Mar. 10 - 1928</u>		
7. AGE <u>9</u>	Years	Months <u>2</u>
		Days <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		<u>school child</u>
10. Date deceased last worked at this occupation (month and year).		

12. BIRTHPLACE <u>Ky.</u>	
FATHER	13. NAME <u>Abner Shelton</u>
	14. BIRTHPLACE <u>Ky.</u>
MOTHER	15. MAIDEN NAME <u>Eliza Shelton</u>
	16. BIRTHPLACE <u>Ky.</u>
17. INFORMANT <u>Fred Shelton</u> (Address) <u>Greenville Ky.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Highway 19</u> Date <u>June 19, 1936</u>	
19. UNDERTAKER <u>Cyrus D. Elliott</u> (Address) <u>Greenville Ky.</u>	
20. FILED <u>6-18, 1936</u> <u>R. P. Coulter</u> Register	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6-18, 193622. 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 burningDate of  
onsetContributory 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 Body burned up  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Louise Bruner(Address) Central City Ky

MARGIN RESERVED FOR BINDING

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 instruc-  
tions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—This IS A PERMANENT RECORD. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruc-  
tions on back of certificate.