

N. B.—WRITE PLAINLY WITH PERMANENT 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.

Form T. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No.

25196

Registrar's No.

312

Registration District No.

1085

Primary Registration District No.

2436

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Greenville (rural)
(c) Name of hospital or institution: _____
(If outside city or town limits, write RURAL)

(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg
(c) City or town Greenville (rural)
(If outside city or town limits write RURAL)

(d) Street No. _____
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Malissa Shelton

3(b) If veteran, _____

3(c) Social Security

Name war _____

No. _____

4. Sex Female 5. Color or race Negro 6(a) Single, widowed, married, divorced 100

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased July 6 1873
(Month) (Day) (Year)8. Age 88 Years 9 Months 8 Days If less than one day _____ hr. _____ min.9. Birthplace Todd County10. Usual occupation House wife

11. Industry or business _____

12. Name Jefferson Hart13. Birthplace Dont know14. Maiden name Nancy Hart15. Birthplace Christiana County

16(a) Informant's own signature _____

(b) Address Greenville Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Greenville Ky Date Oct. 15, 194118(a) Signature of funeral director Ernest Elliot(b) Address Greenville Ky19(a) 10-20-41 (Date received by local registrar) (b) Jane K. Lovell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1941

21. I hereby certify that I attended the deceased from July 1, 1941
to Oct. 13, 1941, that I last saw her alive on Sept 15, 1941, and that death occurred on the date stated above at 5:50 P. M.

Immediate cause of death Chronic Nephritis

DURATION

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 1-2-41
3-6-41
3-12-41

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place in public place? _____
(Specify type of place)

While at work? _____

(e) Means of injury _____

23. Signature J. P. Walter M.D.Address Central City Ky Date signed Oct. 20-41