

Registration District No. 55

Primary Registration District No. 2275

1. PLACE OF DEATH  
a. COUNTY

Jefferson

2. USUAL RESIDENCE

(Where deceased lived. If institutional residence before admission)

a. STATE Ky.

b. COUNTY Muhlenberg

b. CITY OR TOWN Louisville

c. LENGTH OF STAY (In this case) 2 1/2

c. CITY OR TOWN Greenville, Ky

IS RESIDENCE ON A FARM? YES  NO

d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Hosp.

d. STREET ADDRESS Campbell St.

RESIDENCE INSIDE CITY LIMITS? YES  NO

3. NAME OF DECEASED

a. (First) Margaret Ann b. (Middle) c. (Last) Shelton

4. DATE OF DEATH

(Month) (Day) (Year)

2-9-61

5. SEX

Female

6. COLOR OR RACE

Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Never Married

8. DATE OF BIRTH

1945

9. AGE (In years last birthday)

15

If Under 1 Year

If Under 24 Hrs.

10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Muhlenberg County

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Elgin Shelton

14. MOTHER'S MAIDEN NAME

Rena Bard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Rena Shelton

18. CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Uremia  
Chronic Pyelonephritis  
Encephalopathy of Bladder

1 month

15 years

15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

7573

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES  NO

20. ACCIDENT

SUICIDE

HOMICIDE

21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

21b. TIME OF INJURY

Hour Month, Day, Year  
a. m.  
p. m.

21c. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK

21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21e. CITY, TOWN, OR LOCATION

COUNTY

STATE

22. I hereby certify that I attended the deceased from 1-27 1961 to 2-9 1961, that I last saw the deceased alive on 2-9 1961, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23a. DATE SIGNED

23b. ADDRESS

Louise G. Kinsman, M.D.

23c. SIGNATURE

F.W. Kemper, M.D.

(Design or title)

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2-12-61

24c. NAME OF CEMETERY OR CREMATORY

Rhodes Chapel Community

24d. LOCATION (City, town, or county)

Muhlenberg County

(State)

25a. DATE REC'D BY LOCAL REG.

25b. REGISTRAR'S SIGNATURE

Dorothy Foster

25c. FUNERAL DIRECTOR

Mr. Blanchard G. Elliott  
235 Hopkinsville Street  
Greenville, Ky.

MAR 21 1961