

14517

Form V. S. 1-A

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 16 160

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

County ChristianVot. Pct. MacedoniaInc. Town Outwood, Ky.City Veterans Administration(No. Outwood, Ky. St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2. FULL NAME SHELTON, Roy C-376 751 (SC-TB-WW)(a) Residence. No. R # 1, Greenville, Ky. 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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of Maude Vincent Shelton  
12/19/19146. DATE OF BIRTH July 24, 18947. AGE Years 44 Months 11 Days 3 If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

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 Kentucky13. NAME Ellington Shelton14. BIRTHPLACE Kentucky15. MAIDEN NAME Vada Salter16. BIRTHPLACE Kentucky17. INFORMANT Claimant on adm. to hospital

(Address) \_\_\_\_\_

18. ~~Place~~ Place Greenville, Ky. Date June 28, 195919. UNDERTAKER CLARK, HENNEAR & CLARK  
Dawson Springs, Ky.(Address) PARKER & GARY, Greenville, Ky.20. FILED m/c

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Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 27, 195922. I HEREBY CERTIFY, That I attended deceased from June 13, 1959 to June 27, 1959I last saw him alive on June 27, 1959 death is said to have occurred on the date stated above, at 9:20 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:Brain Tumor, GliomaDate of onset ?

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 \_\_\_\_\_

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

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

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

(Signed) J. H. WilsonJ. H. WILSON, M.D. Clin. Dir.  
(Address) Vet. Adm., Outwood, Ky.

MARGIN RESERVED FOR BIRTHING

N. B. WRITE PLAINLY, WITH FADING 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.