

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 23073

1. PLACE OF DEATH

County Muhlenberg
Vot. Pat. Rosewood
Inc. Town _____
City _____

Registration District No. 0820-1091 Registered No. 2871
Primary Registration District No. 2871

2. FULL NAME William Taylor Shelton (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

(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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed
6. DATE OF BIRTH Sept 16
7. AGE 69 Years Months Days If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as swimmer, Sawyer, bookkeeper, etc. Blacksmith
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 Ind.
13. NAME James Shelton
14. BIRTHPLACE Ky.
15. MAIDEN NAME Elizabeth Smith
16. BIRTHPLACE Ky.

17. INFORMANT Charles Jenkins
(Address) Brunswick R 4

18. BURIAL CREMATION OR REMOVAL
Place Haltley B. H. Date Sept 6, 1936

19. UNDERTAKER M. B. McDonald & Co
(Address) Greenville, Ky.

20. FILED 9-6 1935 Walter Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 5, 1936
22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on July 5, 1935 death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Pneumonia Date of onset _____

Contributory causes of importance not related to principal cause:

Erysipelas

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. H. Hales M. D.
(Address) Greenville Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. UNFADING INK—This is a permanent record. Every item of information should be carefully stated EXACTLY. PHYSICIAN 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.